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UNMARRIED PARENTS

what is and is not being done
for them and about them

AN INTERDISCIPLINARY JOURNAL FOR THE PROFESSIONS SERVING CHILDREN

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A CHILD IS A CHILD, but much of the quality and richness of his life's relationships may be forged at the start by the circumstances into which he is born. Whether or not his parents are married to each other can have a profound effect on the shape of his future in many spheres, including the scope of his legal rights. The legal status of unmarried parents and their children is discussed in an article beginning on page 55.

Before she joined the Children's Bureau staff in 1960, HANNAH ADAMS (left) was director of data and statistics for the National Board of the YWCA. Previously, she was with the United Community Services of Boston. URSULA M. GALLAGHER (right) came to the Children's Bureau 7 years ago from the Catholic Social Service in San Francisco, where she was executive assistant.

ROSE BERNSTEIN was a member of a team that recently reviewed research and demonstrations concerning births out of wedlock for the Children's Bureau, a report of which is now in process. She has worked with unmarried mothers at the Jewish Board of Guardians in New York and at the Crittenton Hastings House in Boston. She has also worked in child guidance clinics and other social agencies.

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SOME FACTS AND OBSERVATIONS ABOUT ILLEGITIMACY

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BIRTHS out of wedlock are not new to our time. We have only to refer to the Old Testament to realize the concern with which the problem was viewed many centuries ago. True, reactions to this phenomenon have varied in accordance with social and cultural influences, religious principles, and specific traditions and customs in respect to marriage in particular societies. The symposium presented in this issue of CHILDREN is concerned with problems of unmarried mothers in the United States, problems which stem from the social, environmental, and emotional conflicts that are perhaps inevitable in a society that accepts marriage and family as its cornerstone.

The widespread interest in this subject is evident all around us and takes many forms, ranging from genuine concern about alleviating the problem to a punitive sense of outrage. The emotional problems which often lead to unmarried motherhood have been given special attention by psychiatrists [1] and social workers.[2] Cultural and sociological aspects have also received attention.[3-5] More research regarding the whole subject has been recommended, with Elizabeth Herzog pleading that we study questions needing to be answered and question answers that have been too readily accepted.[6]

This symposium does not pretend to give all the answers to this complex problem, nor do the authors pretend to know them all, for, despite the efforts to gain understanding of why unmarried mothers defy the mores of society and how they and their children can best be helped to find a constructive place in society, there are still many unknowns. However, some areas of special concern will be given attention here in the hope of stimulating not only further study of the problem, but action where urgently needed. To do this, it is important to consider what we do and do not know about the extent and nature of the problem.

Extent of the Problem

The most inclusive figures available on the incidence of illegitimacy are birth statistics gathered by the National Vital Statistics Division, Public Health Service, Department of Health, Education, and Welfare. These figures include estimates for 15 States which omit information on legitimacy from birth certificates. They are also incomplete because no births to married women are reported as illegitimate and because of a tendency to conceal the fact of illegitimacy through a falsified birth record or to fail to register a birth out of wedlock at all. Moreover, concealment may more often be successful among mothers of higher socioeconomic status, with the result that white births out of wedlock may be underreported to a greater extent than nonwhite.

The estimate of the total number of births out of wedlock in 1960 is 224,300. Sixty-three percent of the illegitimate births reported in 1960 were to nonwhite mothers and 37 percent were to white mothers. Table I shows the numbers and rates of illegitimate births for selected years between 1945 and 1960. During this period there was a great increase in births over the level of the previous 15 or 20 years. The fertility rate for all women of childbearing age in the United States rose from 86 births per 1,000 women aged 15 to 44 years in 1945 to 120 births per 1,000 women in 1959. During the same period the rate of births out of wedlock per 1,000

unmarried women of the same age group also rose from 10 to 22 per 1,000. This means that the 1½ million more births occurring in 1959 than in 1945 included about 100,000 additional births out of wedlock.

There were 91,700 illegitimate births to teenage girls in 1960 compared with 51,700 in 1945. In 1960, of the 91,700 teenage unmarried mothers, 43,400 had reached the age of 18 years, but 48,300 (a little more than one-fifth of all women who became unmarried mothers in 1960) were girls of school age.

The rate of out-of-wedlock pregnancies was highest for the entire period not among teenagers as many people seem to believe but among women between 20 and 30 years of age. It also has increased the most in this older age group. In fact, among girls from 15 to 19 years of age, the illegitimacy rate showed no increase between 1956 and 1960 but a slight downward trend. At present the annual illegitimacy rate is about 15 per 1,000 among teenagers and about 40 per 1,000 among unmarried women of 20–30 years.

Moreover, the proportion of all unmarried mothers who are teenagers has remained practically the same since 1955 and is even slightly lower than in earlier years. The percentage of all unmarried mothers who were under 20 years of age was 44 percent in 1945 compared with 41 percent in 1960.

Many persons concerned about the extent of illegitimacy believe that most unmarried mothers are receiving public assistance in the Federal-State program of aid to families with dependent children. In a report issued in 1960, the Bureau of Family Services (then the Bureau of Public Assistance), Department of Health, Education, and Welfare, estimated that 2.5 million children in the United States under 18 years of age had been born out of wedlock. Of these, only 13 percent were receiving aid to dependent children in November 1958.[7] A study of births out of wedlock in North Carolina in 1959 showed that the proportion of illegitimate children in the State receiving aid to dependent children was 18 percent.[8] Studies made in other States or communities also refute the misconception that most unmarried mothers are recipients of aid to dependent children.

Reports of the Florence Crittenton Association of America or of The Salvation Army or other agencies serving unmarried parents show that pregnancy out of wedlock does not occur only among the economically and socially deprived, nor only among dull or uneducated women as some persons seem to think. Many high school graduates and college students receive service in social agencies in connection with out-of-wedlock births.

Attitudes toward unmarried mothers range from the extremely punitive to the forgiving. There are those who would include the child in the punishment by withholding public assistance from both mother and child regardless of their need. Others would allow the young girl "one mistake." Too often the idea of helping a person in trouble is confused with condoning what she did.

Any ready answer to the problem of illegitimacy can only arise from a circumscribed view of the factors associated with or contributing to it. Problems related to a marginal standard of living undoubtedly enter in. But to regard social deprivation as the sole cause leaves us without answers as to why the "girl next door" or the woman with substantial means becomes pregnant out of wedlock. Another factor may be found in society's inconsistencies in attitudes toward sex, which are a source of uncertainty and confused values among young people.

We also get a distorted picture of the etiology of illegitimacy if we ignore the influence of conflicts between parent and child, deprivation of love, damaged security, and absence of opportunity to achieve or gain satisfaction in everyday living. Knowledge of personality structure, human behavior, and the dynamics of social functioning must be taken into consideration when examining this whole problem, as well as the problems of any individual unmarried mother. While the theory that cultural attitudes among deprived groups are causative factors may help to explain some illegitimacy, it leaves us without answers as to the causation of illegitimacy among middle-class women. Actually, environmental, social, and emotional factors are frequently interwoven in the causation of out-of-wedlock pregnancy. There is no such thing as a "pat" answer to the problem.

Social and Health Services

Both the complexity of the problem of illegitimacy and the misconceptions concerning the girls and women involved raise questions concerning the adequacy of existing provisions for service to unmarried mothers.

In a recent Children's Bureau study, estimated figures on services to unmarried mothers by public and voluntary child welfare agencies in 1960 were compared with the total number of illegitimate births

Table I

BIRTHS OUT OF WEDLOCK, 1945-60
estimated number and rate

Year	Number			Rate per 1,000 unmarried women 15–44 years
	Total	White	Nonwhite	
1945	117, 400	56, 400	60, 900	10. 1
1950	141, 600	53, 500	88, 100	14. 1
1955	183, 300	64, 200	119, 200	19. 3
1956	193, 500	67, 500	126, 000	20. 2
1957	201, 700	70, 800	130, 900	20. 9
1958	208, 700	74, 600	134, 100	21. 0
1959	220, 600	79, 600	141, 100	22. 1
1960	224, 300	82, 500	141, 800	21. 6

Source: The National Division of Vital Statistics, Public Health Service

reported in 1959. Table II shows this comparison.

About one unmarried mother in six received service from a public or voluntary child welfare agency. The younger mothers were more likely to receive service than the older ones—almost one in three of those under 15 years of age compared with one in seven of those past 20 years of age. For all age groups the number of unmarried mothers who were not reached by child welfare services far exceeded the number who were served, although an unknown number received comparable services from other types of casework agencies.

The fact that a large number of unmarried mothers receive no prenatal care or social services even in a city with many health and welfare agencies is dramatically pointed out in two recent studies in New York City.[3, 9] (See CHILDREN, September–October 1961, pages 184–188.) Both studies showed that about one-half of the unmarried mothers studied did not obtain medical care during the first 6 months of pregnancy, including 15 to 17 percent who had no care up to confinement other than a single visit to a doctor or clinic to confirm the pregnancy. The contrast with the extent of prenatal care among married mothers in New York was marked.

Health hazards to unmarried mothers were documented in one of these studies.[3] It showed that: (1) a higher proportion of out-of-wedlock than in-wedlock births were premature; (2) the death rate for infants born out of wedlock during the 5-year period studied was higher than for infants born in wedlock—48.2 as against 23.9 per 1,000 live births; (3) prematurity and infant mortality were associated with lack of prenatal care—in the same period there were 116 deaths per 1,000 babies born to unmarried mothers who had not had prenatal care and only 32 deaths per 1,000 babies born to unmarried mothers who had had prenatal care.

The other study[9] also showed that 29 percent of the mothers had had no contact with a social agency during pregnancy. Interviews with the women who had not sought out social services indicated that they did not see themselves as needing the things which they thought social agencies were chiefly concerned with providing. They seemed to think that agencies provided tangible things only and did not understand that the services could help them in making decisions about themselves or their babies. A few of the women interviewed who were in serious financial straits had not applied for public assistance because of fear that relatives would learn of their pregnancy, that their children would be taken away, or that support would be sought from the putative father.

Statistics for the year 1961 indicate that about 17,000 unmarried mothers were served by public child welfare agencies and 33,000 by voluntary child welfare agencies (not including maternity homes). The age groups of unmarried mothers served by both types of agencies were similar. Nearly one-half of those served by each group of agencies were 21 years of age and over; roughly one-third were between 18 and 21 years of age; and roughly one-fourth were under 18.

Among the services provided by these agencies were arranging for the unmarried expectant mother's medical care or for her to live in a maternity home or foster home during pregnancy, helping her to continue her education or to find a job, or placement of the babies for adoption.

Some additional information is available on the characteristics of unmarried mothers who are known to public child welfare agencies. On one day in 1961 there were about 6,500 girls and women with the problem of illegitimate pregnancy receiving service through State and local public child welfare programs. Three-fourths of them were white, though only slightly over one-third of all illegitimate births in 1959 were to white mothers.

Fifty percent of these 6,500 unmarried mothers were living with parents or relatives, 16 percent were

in independent living arrangements, and 24 percent were in foster care—13 percent in foster homes and 11 percent in maternity homes. One-third were from families receiving public assistance.

While complete figures are unavailable, it is possible to make some estimates of the numbers of unmarried mothers served by maternity homes—agencies designed to provide residential care for illegitmately pregnant girls and women. At present there are in this country approximately 190 maternity homes, located in 46 States and the District of Columbia, having a combined capacity of about 5,000 unmarried mothers. Forty-five are nonsectarian agencies affiliated with the Florence Crittenton Association of America, 35 are operated by The Salvation Army, about 50 are operated under Roman Catholic auspices, and about 60 others are operated by other religious groups or are independent nonsectarian social agencies.

We know from reports made to the Children's Bureau that on one day a few years ago 90 percent of the total capacity of these homes was in use. With full use of the present capacity of 5,000 mothers and an average of 70 days of care per mother, about 25,000 could be cared for in a year. Certainly they do care for well over 20,000 a year—about 1 out of 10 of the 224,300 mothers who had illegitimate children in 1960. Many of the unmarried expectant mothers cared for in maternity homes are the same persons reported as receiving service from child welfare agencies, since these agencies often refer their clients to maternity homes for special care and maternity homes in turn often refer women and girls to child welfare agencies for adoption planning or casework service.

Something about the characteristics of the unmarried mothers who receive maternity home care can be assumed from the 1961 annual reports of the Florence Crittenton Association of America and The Salvation Army. The 80 maternity homes associated with these national agencies have about one-half of the total capacity of all the homes. In 1960 they served 14,400 unmarried mothers—Florence Crittenton homes, 6,500; and Salvation Army homes, 7,900. About three-fourths of these girls relinquished their babies for adoption. The girls were on the whole younger than the unmarried mothers served by child welfare agencies, about 70 percent being under 21 years of age. About a third were under 18.

The proportion of nonwhite mothers among the clientele of these homes was relatively low—12 percent for The Salvation Army and the Florence Crittenton Association combined. In contrast, an estimated 25 percent of the unmarried mothers served by public child welfare agencies are nonwhite, while about 60 percent of all illegitimate births are to nonwhite mothers. If the proportion of clients who are nonwhite is the same in all maternity homes combined this would mean that about one-fourth of all white unmarried mothers reported are served by maternity homes, but only 1 in 50 nonwhite mothers receive such care.

Children Who Are Adopted

Against the total of 224,300 illegitimate births in 1960 can also be measured available statistics on adoption. Since most adopted children are placed in their adoptive home before they are a year old and the adoption is often completed about a year after placement, it seems reasonable to look at figures on adoptions completed in 1961 in relation to illegitimate children born in 1960.

The number of illegitimate children for whom adoption petitions were granted during 1961 is estimated to be 66,100—29 percent of the number of illegitimate children who were born in 1960. While the race of these 66,100 children is not known, we do know that about 90 percent of all children adopted are white. If 59,500 of the out-of-wedlock children who were adopted were white and 6,600 were nonwhite, this would mean that about 70 percent of the 82,500 white babies born out of wedlock, but only about 5 percent of the 141,800 nonwhite babies born out of wedlock, found permanent homes with adoptive parents. Even if all of the 11,400 nonwhite children who were adopted were illegitimate (which is unlikely), they still would amount to less than 10 percent of all nonwhite children born out of wedlock.

Estimates of adoptions of illegitimate children in recent years show an increase in the number adopted, but little change in the ratio to the total number of children born out of wedlock.

Mothers Who Keep Their Babies

Fragmentary as the national figures are on social services provided unmarried mothers, they leave little room for doubt that a majority of all unmarried mothers keep their babies without help from social agencies in working out a plan. Information is missing on many important points—how much education they had, how many were still attending school, their occupational skills and work experience,

their degree of emotional maturity, how many lived with parents or had relatives or friends who maintained a supportive relationship with them, the social status of the families from which they came, their own and their families' economic resources. More facts along these lines would give us a better indication than we now have of how many of these mothers needed service they did not receive. Sometimes the service through which a mother receives medical care includes help with social problems from a social worker or public health nurse. Unmarried mothers also receive some social services in relation to the illegitimate pregnancy from public assistance workers or caseworkers in voluntary family service agencies, but we do not know how many nor how much.

The Bureau of Family Services' report referred to on page 44 shows that of an estimated 2.5 million children under 18 in the United States who had been born out of wedlock, 31 percent had been adopted, 13 percent were receiving aid to dependent children, and 1 percent were in foster care.[7] Little is known about the remaining 55 percent. This large group, which included over three-quarters of the nonwhite children and one-fifth of the white children under 18 years of age born out of wedlock, suggests that the majority of unmarried mothers who keep their children continue to manage in some way through subsequent marriage, employment, or support of their children by relatives, friends, or other means, but we know very little about the kinds of homes in which their children are growing up.

We do know, however, from many cases which have come to the attention of social or health agencies or courts that some of these children are brought up by grandparents or other relatives, that some are passed along to strangers who do not want them, that some are eventually brought by their mothers to agencies for placement in foster homes or institutions. Among these last, too frequently are children who bear the emotional scars of deprivation and rejection.

Some Service Needs

On pages 49–54, Rose Bernstein discusses some of the more flagrant gaps in services to unmarried mothers. These gaps are in a sense the *raison d'être* of this issue of CHILDREN. Credit, however, must be given to the efforts of those social agencies which have been working long and hard to serve unmarried mothers and to improve and extend their services—especially to those unmarried mothers who are little more than children themselves.

Table II

SERVICES TO UNMARRIED MOTHERS
by Child Welfare Agencies (public or voluntary)

Age of mother	Total number of births out of wedlock, 1959	Unmarried mothers served by child welfare agencies, 1960 [1]	Percent of total
All ages	220, 600	35, 000	16
Under 15 years	4, 600	1, 400	30
15–17 years	43, 100	7, 400	17
18 and 19 years	41, 500	7, 000	17
20 years and over	131, 600	19, 200	15

[1] Estimate.

Although the rate of births out of wedlock among teenagers has not increased in recent years, services to teenage unmarried mothers are of great importance because of the potential damage of the experience to their whole lives and to the lives of their children. Social services that will help these young girls who are psychologically, socially, and economically unprepared for motherhood to gain more insight into their behavior and to see clearer goals for the future will give them an opportunity to adjust to society's expectations and to develop a more mature sense of responsibility. A hopeful fact about them is that they are apt to be resilient enough to learn from experience.

Followup services for these girls after the birth of their babies are not always available but some social agencies do attempt to provide them with further counseling in regard to boy-girl relationships, adjustment to peers, and understanding of their parents' attitudes and expectations; or with planning for return to school, vocational training, and recreational activities. The earlier in her pregnancy that an unmarried mother receives casework counseling, the more likely she will be able to handle her own problems after plans have been made for the baby. The special problems of enabling young unmarried mothers to continue their schooling are discussed by Jerry Kelley in the article beginning on page 60.

A component of services to minor unmarried mothers is service to their parents, since the attitudes

of the parents have a direct bearing on the effectiveness of service to the daughter. How can the parents be helped to assess the factors which may have led to the problem, cope with their possible sense of guilt, and build a constructive relationship with their daughter? These are questions which too often are overlooked.

The unmarried father also is likely to have problems and to be in need of services that will help him acquire a greater knowledge of self and assume a responsible attitude. Reuben Pannor discusses this on pages 65–70. As he points out, helping the unmarried father who is a minor should, whenever possible, involve the provision of service to his parents.

Cooperative Efforts

Over the past decade there has been a movement toward interprofessional efforts to increase understanding of the problems pertaining to births out of wedlock and for help in planning services that are needed. While the initial efforts have been focused on adoptions, a greater awareness of the problems of the child's natural mother and her medical, social, legal, and emotional needs has been gradually evolving. Medical groups have been concerned about both the inadequacy of prenatal care received by unmarried mothers and their need for special counseling by social agencies. A number of State medical societies have included in their resolutions on adoption practice a recommendation that an unmarried mother be referred to a social agency for help with her plans and those pertaining to her child.[10]

Interprofessional discussions concerning the role of the physician, the attorney, and the social worker in adoption have been placing increasing emphasis upon the importance of helping the unmarried mother. One such discussion was at the meeting on adoption sponsored by the Children's Bureau in May 1960 which included representatives of the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Medical Association, the American Academy of General Practice, the American Bar Association, and the Child Welfare League of America.

The American Hospital Association has also advocated that more attention be given the problems of unmarried mothers by doctors, nurses, and social workers on hospital staffs.[11]

Many legal problems pertaining to the unmarried mother and her child are of mutual concern to these professions. Among them are legal status, rights and responsibilities of the unmarried mother (adult or minor), legal implications if the mother is married but her husband is not the father, paternity proceedings, legal status and rights of the child, responsibilities of the alleged father, and laws pertaining to legitimation, support, guardianship, custody, and adoption. The complexity of these questions is pointed out by Sanford Katz on pages 55–59.

Responsibility for coping with the problems of births out of wedlock rests with no single profession or agency. It is, as Maud Morlock long ago pointed out, a community responsibility.[12]

Of course, the best way to stop the spread of any social or health problem is to prevent it rather than treat it. Prevention is also a community responsibility, as Patricia Garland makes clear in her article on pages 71–75. While the many knowns and unknowns intertwined in the problem of illegitimacy leave little hope of eliminating this age-old problem, communities can alleviate many of the conditions which tend to aggravate the confusions that are behind so much of it. We may not have all the answers but we do have some and it is up to us to apply them.

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GAPS IN SERVICES TO UNMARRIED MOTHERS

ROSE BERNSTEIN

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RECENT YEARS have seen significant developments in resources and techniques for improving services to unmarried mothers, in relation to medical and social care, psychological treatment, and followup. Yet gaps in services continue as the figures in the first article in this issue indicate. Some communities may lack the resources to meet one or another of the needs; in others, the available services are insufficiently or inappropriately used. Thus, some unmarried mothers may be helped in all areas of need, while others may receive little service other than delivery.

An important question, therefore, is: How are services distributed in relation to various segments of the unmarried mother population? Is it on the basis of need, diagnosis, residence, the plan for the baby, race, or other factors? Related to this is the question of whether every unmarried mother automatically requires the services of a social agency in planning for herself and her baby. Another question is why certain available resources, such as prenatal services, are not used to the extent they are needed.

Medical Care

Prenatal care should receive priority attention in considering the needs of unmarried mothers because of the relatively higher incidence of prematurity, fetal, and perinatal deaths, complications of pregnancy, and maternal mortality associated with inadequate care. Many unmarried pregnant women, particularly those of ethnic and racial minority groups, do not seek such care until late in pregnancy, sometimes not until they are admitted to the hospital in labor or with complications.[1]

Among the practical reasons women have given for not getting prenatal care are problems of transportation, obligations to their other children, reluctance to take time from work, and the like.[2] Other reasons often mentioned are a desire to conceal the pregnancy, particularly from school or welfare personnel, failure to recognize the fact of pregnancy, and fear of the examination.

Some studies[2] indicate that the major deterrent is a lack of awareness of the importance of prenatal care, which in turn is thought to be related to cultural influences and unfamiliarity with preventive health practices among members of racial minorities. In fact, in a number of studies of pregnant women in which marital status has not been specified,[3] the ethnic and cultural influences affecting the use of prenatal services have been found to be similar to those found in the studies of unmarried mothers.

Possibly also an initial indifference toward seeking prenatal care is being reinforced by features of the service offered. Long waits in crowded clinics located at distances from home, perfunctory encounters with changing staff, lack of privacy, and the like do not offer effective counterinfluences to indifference, whether the indifference is related to real difficulties, or intrapsychic, or cultural factors.

The conduct of the examination can also deter girls, particularly adolescents, from continuing in care. Despite the sexual laxity which their out-of-wedlock pregnancy implies, many of them possess a large measure of modesty. They can be fearful and highly vulnerable to slights, real or fancied, and frequently need the reassurance which comes with sensitive handling in an atmosphere of privacy. Word gets around quickly in crowded neighborhoods

and prospective patients can be kept away when the service is unfavorably reported by others.

The eligibility requirements of tax-supported services in relation to residence, income, or revealing the name of the putative father can also be deterrents. The woman for whom it takes some effort to get to the clinic anyway can easily be discouraged on learning that she must submit to a means test, that the baby's father must be involved, or that she must leave without seeing a doctor because she has come to the wrong hospital.

A program for reaching a greater proportion of unmarried mothers with prenatal care, therefore, must take into account factors both in the patients and in the services which may be presenting obstacles to care. Such a program would include emphasis on the importance of health and prenatal care in regular programs of family life education; efforts toward referrals to medical resources and hospital social service departments; the relaxation of eligibility requirements for prenatal care; and sympathetic attention to each woman served, including the provision of help with the practical problems she faces.

Among the measures being tried here and there in an effort to reduce barriers to prenatal care are: the establishment of local health centers related to a parent hospital; purchase of service by the municipality from voluntary hospitals more conveniently located to the patient and less crowded than the public hospitals; diagnostic screening to determine the frequency of clinic visits; and the strategic use of public health nurses and nurse-midwives to relieve the pressure on medical staff.[4] Although these measures are not directed specifically toward unmarried mothers, improvements which make the service more acceptable to pregnant women in general are likely to make it more acceptable to unmarried pregnant women, particularly if it is provided with the discretion which their out-of-wedlock status dictates.

Many women who cannot meet the full costs of private medical and hospital care are unable to make use of the public services and, therefore, fail to obtain adequate care. They may be ineligible for public service because they are nonresident or nonindigent. Or, if eligible, they may be psychologically unready to accept the conditions under which public care is given, or there may be other indications for continuing with the physician to whom they went initially for diagnosis. In addition to being thus exposed to the hazards of delayed medical care, these women can become susceptible to offers of help in exchange for an adoptable baby. Under such arrangements, often illegal, the care they receive may be provided by poorly equipped practitioners.

Various measures have been taken to meet this problem. In California[5] a licensed child welfare agency, public or voluntary, can pay medical fees from general fees collected from adoptive parents. In the State of Washington, a statewide voluntary agency, the Children's Home Society of Washington, has arranged with private physicians and training hospitals to provide medical care for the unmarried mothers it serves.[6] Adoption agencies have experimented with the provision of direct financial assistance to unmarried mothers for medical care.[7] Also, most maternity homes adjust fees according to need.

In Connecticut, the State department of health, through its maternal and child health division, has developed a comprehensive program in cooperation with key medical and social agencies and the State medical society, which provides for the payment of medical fees for the prenatal and obstetrical care of unmarried mothers and for their referral to the appropriate agencies for social services.[8]

Federal regulation of interstate adoption placement may be indicated for control of the more flagrant practices of exchanging medical care for babies.

Social Care

Major social care for unmarried mothers—living arrangements, financial assistance, legal services, and help with plans for the baby—may be provided by voluntary agencies, child welfare or financial assistance departments of public agencies, or through hospital social service departments. Which of these services a girl uses depends frequently upon whether she keeps her baby or relinquishes it for adoption. Since this choice is apt to be related to ethnic and racial factors, Negro unmarried mothers are likely to receive less than an adequate share of the community's services.[9]

In reviewing a series of reports on services to unmarried mothers and in conversations with caseworkers, neighborhood group workers, public health nurses, and others, I have received the impression that recent developments in the function and structure of many voluntary agencies may be resulting in underservice to a substantial proportion of the unmarried mother population. Many voluntary child-placing agencies in recent years have tended to define their function in terms of adoption, and many maternity homes, oriented primarily toward shelter for concealment, tend to give priority to mothers who plan to relinquish their babies, or are sought out by

such mothers. Recent figures from a national association of maternity homes indicate that in 1961, 79 percent of the live babies born to their clients were released for adoption and 13 percent were kept by their mothers. (Plans for 8 percent had not been completed.)[10] With a chronic shortage of Negro adoptive homes, most Negro unmarried mothers have little choice but to keep their babies, which all but rules out the specialized voluntary agencies as a source of help for them. Some maternity homes are frankly or indirectly discriminatory in their admission policies.

As a one-parent family, an unmarried mother and her child, whatever their racial origins, should be able to profit by the help of a voluntary family agency, if there is one in the community. Yet experience indicates that unmarried mothers of minority background and low socioeconomic status make minimal use of voluntary family service agencies. In this respect they have much in common with other hard-to-reach families.

In many metropolitan areas the district office of the voluntary family service agency has been centralized in the core city or has moved to the suburbs. Thus, to obtain service requires time, carfare, and a commitment to living "by the calendar and the clock" which the potential client's past experience may have led her to believe are not worth the effort. Or the type of service offered may require an understanding of the technique of being helped through talking, a concept which may be alien or even threatening to her. The net effect is that the voluntary agencies, while theoretically available, are actually inaccessible to many unmarried mothers.

Most hospital social service departments are chronically understaffed. Although a few voluntary hospitals have recently established policies of 100 percent social service coverage for unmarried maternity patients, the majority of hospital social service departments would find such a policy difficult, if not impossible, to carry out in practice.[9] Even with partial coverage, time for meaningful casework contacts is limited. With the principal focus necessarily on keeping the patient in prenatal care, there is little opportunity for the worker to give sustained help, or to follow through on referrals to other social agencies.

Eighty-five percent of the hospitals in the United States have no social service departments,[11] and therefore provide no social care for women who are delivered in them. Moreover, many public hospitals which do have social service staffs discharge

One of the approximately 190 maternity homes throughout the country which in 1960 provided service and care to some 20,000 unwed expectant mothers—only about one-tenth of all those who gave birth out of wedlock during the year.

their maternity patients 24 to 48 hours after delivery, with the result that the woman who does not come to the hospital until time for delivery may never be seen by a social worker.

In New York City, an attempt is being made in a child health station in an overpopulated low-income district to demonstrate the possibility of bringing unmarried mothers of such areas into continuous social care after delivery through the coordinated efforts of medical, nursing, and social service staff. The project was established after a study of unmarried mothers in two such areas resulted in the recommendation that direct social services be provided in the well-baby program.[12]

With the extended availability of Federal funds for child welfare services, the implementation of the 1956 and 1962 amendments to the Social Security Act which place an emphasis on services in public assistance, and the closer coordination of aid to families with dependent children and child welfare services, some of the hitherto unmet needs of unmarried pregnant women may be taken care of by public agencies. The extension of services and staff training in the public programs and the recent orientation of the aid-to-dependent-children program to a family-focused service should allow for greater appreciation of some of the problems which are specific to the unmarried mother and her child as they face the dual

hazards of dependency and illegitimacy, which many of them (already faced with problems of racial discrimination) must cope with day by day.

The mother may need help in carrying out the nurturing and homemaking functions with competence and a sense of achievement. She may also need guidance in giving her out-of-wedlock child an interpretation of his parentage which will be comprehensible and more acceptable to him. Inservice training programs can be directed toward helping workers to develop skills in identifying and dealing helpfully with such special needs. They may also help workers carry out the processes of locating a putative father, of establishing paternity, or of assessing the suitability of a home with greater regard for the probable impact on the child.

When new public welfare services are initiated, taxpayers and legislators are likely to look for reassurance about probable increased costs. A number of projects in the last decade have focused on this question. They have demonstrated that the added expenses can sometimes be more than compensated for when the worker, with smaller caseloads and increased skills, is able to motivate the client toward self-dependence. However, while self-dependence can be a salutary achievement for some families, judgments about the effectiveness of programs intended for the benefit of children should rest on sound principles of child health and welfare, and not entirely on the number of families who achieve self-support. Moreover, services cannot compensate for inadequate grants, and the level of living which the allowance provides for can influence the effectiveness of the services.

The recent amendments to the Social Security Act undoubtedly will represent a major stride forward in the development of services to unmarried mothers. However, since their implementation is ultimately decided in the individual States, geography can still be a principal determinant in the help a particular unmarried mother receives. Expectant mothers who cannot provide for their basic maintenance because of residence requirements for financial assistance or the inadequacy of grants are susceptible to the same questionable offers of help in exchange for an adoptable baby as mothers seeking medical care.

Concern is often expressed in regard to the "invisible" unmarried mothers—the self-maintaining women, frequently nonresidents, who make private arrangements for medical care and independent, though not necessarily illegal, adoption plans for their babies. Some of the mothers who release their babies under these circumstances may not be providing adequate protection for them and may also be depriving themselves of needed counseling.

Publicity campaigns, conducted by voluntary agencies, frequently in cooperation with public agencies, to make available services more widely known have been directed toward the unmarried mothers themselves, as well as toward physicians, attorneys, and others who might be in a position to influence their decisions. Frequently, though not always, these campaigns are based on the assumption that the baby will be relinquished for adoption. This suggests the need for careful thought to the ultimate effect which a recruitment program is likely to have on the total allocation of social services. For unless staff is expanded, a redefinition of agency function is usually called for if an unmanageable increase in caseload is to be avoided. This redefinition of function often results in the withdrawal of the voluntary agency services from the nonwhite girl of low social economic status who keeps her baby.

Except for data obtained by Vincent [13] from physicians who had contact with unmarried mothers as patients, the writer has been unable to locate any firsthand information about the self-directing, unrecorded unmarried mothers. How many of these there are is unknown. However, it might be surmised that many such women conduct their affairs without agency help, in a way that enables them to terminate their unmarried-mother status with as few complications as possible. There is little evidence to indicate whether or not they perceive themselves or their babies as being deprived of services.

Psychological Treatment

The very fact of unmarried motherhood is likely to have emotional and psychological repercussions. Therefore, the separation in this article of psychological treatment from other kinds of help may appear to be artificial. However, the allocation of services as it occurs in some communities does produce the effect of a separation.

Psychological treatment for unmarried mothers is usually associated with services from voluntary agencies. For the most part it is provided by personnel—social workers, psychologists, and psychiatrists—who are oriented to a diagnostic and treatment function directed toward helping the unmarried mother to understand the emotional conflicts which presumably led to her out-of-wedlock pregnancy and to enable her to deal with the psychological problems related to the experience of unmarried motherhood.

This service, usually given through verbal exchanges in individual interviews, may sometimes reduce the psychological hazards to the mother, and so may help to insure a sound plan for the baby.

Psychological treatment is available principally to clients of voluntary agencies: usually white girls who plan to relinquish their babies. It is becoming a growing feature in maternity homes which serve only about 10 percent of the unmarried mother population per year. With casework services, psychiatric consultation and treatment, psychological testing, group psychotherapy, and the like, some maternity homes are taking on the character of small psychiatric centers; a few are providing practice training to psychiatrists.

When this kind of programing is dictated by assumptions that pathology is all but universal among unmarried mothers and that more service is equivalent to better service, it may be open to some question. The climate of illness such an approach generates, the continuous focus on self which it encourages, and the image of the unmarried mother which it tends to project raise some doubts as to its universal helpfulness. Moreover, whether a proliferation of services in relation to a small segment of a client population constitutes the most effective allocation of a community's resources, when large numbers are scarcely receiving basic services, is another question that needs further consideration.

Psychological treatment, like social care, is minimally available to Negro unmarried mothers. In fact, the psychodynamic concepts which frequently underlie the diagnostic formulations applied to white middle-class unmarried mothers, and the treatment procedures that flow from these concepts are seldom encountered in relation to Negro unmarried mothers of lower socioeconomic classes. This suggests that adaptations of the accustomed approaches to treatment and the development of new techniques may be indicated for bringing into significant treatment relationships those unmarried mothers who need help with their emotional problems but for whom the conventional methods of treatment are not appropriate.

Followup Care

It is often assumed that most unmarried mothers need continued service after they have weathered the more acute phase of their experience. Some obviously need help with practical plans—securing educational or vocational guidance, interim living arrangements, and the like. However, the fact that most unmarried mothers tend to terminate contact with the social agency after concluding a plan for the baby is regarded as a serious omission in treatment also because they thus cut themselves off from psychological help at a time when unresolved emotional conflicts can cause trouble. Slavson and MacLennan, in reporting on a project to provide group therapy to unmarried mothers after delivery, indicate that attempts to keep unmarried mothers in followup treatment were not significantly successful.[14] A pilot project to test the effectiveness of an intensive reaching-out program in relation to this problem is currently underway at the St. Mary's Asylum and Foundling Hospital in Boston, with Federal funds made available through the Children's Bureau.

The reasons why so many unmarried mothers are reluctant to continue in followup treatment have not been systematically studied. Explanations which relate this resistance to the nature of their emotional disturbances are in many instances based on speculation. It is therefore difficult to say to what extent the failure to reach unmarried mothers with followup care constitutes a gap in service, to what extent it indicates no further need on the part of the girl, or what else it might mean.

Conclusions

When a community is faced with the problem of allocating its resources for effective services to unmarried mothers, the overriding considerations in establishing priorities should be individual diagnosis and need and the full use of available resources. However, the distribution of services is often influenced by other factors, especially assumptions about culture and causation in relation to illegitimacy.

For example, theories about cultural influences regarding sexual permissiveness and the acceptance of illegitimacy among Negroes imply that most Negro unmarried mothers do not require the protection of shelter care. Yet this belief can be effectively challenged by the results of recent studies [2,12] and by the number of Negroes who apply for shelter care when it is available to them. On the other hand, the pathology-oriented theory of causation in relation to unmarried motherhood among white middle-class girls may account for an overemphasis on psychological service for the clients of some voluntary agencies, particularly the readily accessible residents of some maternity homes.

As a community gives critical attention to its practices in allocating its resources, it may find that improvements in services to unmarried mothers will

depend less on the establishment of new services than on the redistribution of existing ones. In any event, all appropriate resources and personnel—including public health nurses, neighborhood group workers, and others—should be available to all unmarried mothers in need of their services. Moreover, a start needs to be made toward developing criteria for determining who does need services, who does not, and what kinds of services are appropriate in a particular situation.

This means in effect that many agencies will need to rethink their policies and the methods to which they have long been committed and try to see themselves as part of a total community service rather than in terms of individual agency function. It means that full attention must be given the unmarried mother in her total situation, including medical, social, psychological, and cultural aspects, and in relation to her normal as well as her special needs. The total situation for many unmarried mothers includes enduring experiences of poverty and discrimination and having a distrust of the future which conditions their expectations of the community welfare services.

Gaps in services are frequently associated with gaps in knowledge. Not much is known about the interaction between the biological factors of pregnancy and the crisis produced by out-of-wedlock pregnancy and its implications for specific therapeutic procedures during the period of crisis. Neither is much known about the potentials for growth or damage in the unmarried mother's relationship with her baby and whether the growing trend toward eliminating nurseries from maternity homes is a service or a disservice to the child or the mother. We do not know whether unmarried mothers who have surrended their babies have problems in relation to their first in-wedlock babies, nor whether they can be helped to anticipate possible problems and to recognize a need for help so that they will seek it if necessary.

Among the many unmet needs not discussed in this article because of space limitations are: publicly supported maternity homes, now completely lacking; interim planning with the unmarried mother pending admission to shelter care; planning with the mother for the care of the unadoptable baby whom she had planned before birth to relinquish for adoption; education for the school-age girl [see p. 60]; legal problems [see p. 55]; and others.

However one interprets unmet needs, measures for improving services should insure that no unmarried mother is denied help because of race, residence, her plans for her baby, or other tangential factors; that every unmarried mother has the kind of prenatal care and nutrition which are essential to her own and her baby's health; and that any unmarried mother can have access to the range of other services—social, psychological, or followup—according to her individual needs and capacities.

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LEGAL PROTECTIONS FOR THE UNMARRIED MOTHER AND HER CHILD

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THE LEGAL PROBLEMS that may beset teenage unmarried mothers vary with each girl. Some questions, however, are of common concern. How does the fact that an unmarried mother is a minor affect her right to bring a suit against the father? Who must support the illegitimate child? Can a minor unwed mother freely give up her child for adoption? Whose consent is necessary? Does minority affect the right to have custody of one's illegitimate child?

In many instances the answers to these questions depend upon the statutes of the State in which the girl resides. For this reason, the reader is warned not to interpret the general statements that follow as applicable to all minor unmarried mothers. While courts which deal with family law are particularly concerned with all the facts in each case, they must still be guided by what is written in the statutes.

The illegitimate child is at a great disadvantage. Not only is there a social stigma attached to his status, but he is also deprived of certain rights and responsibilities.

Legitimacy is regarded by the law to be a matter of personal status. There is a difference between a statute which merely enables a natural child when recognized by his parents to inherit and a statute which legitimates such a child. There is also a difference between methods of legitimation and proceedings to establish paternity—known in law as bastardy proceedings. A child may be illegitimate, yet still inherit from his father under certain conditions. For example, in some States an illegitimate child may inherit from his father if the father has formally recognized the child as his own.[1] In many States, however, the conditions that must be met in order to confer inheritance rights on the illegitimate child are the marriage of the child's natural parents and the formal recognition of the child by his father. These conditions also often serve to legitimate the child.

Thus an illegitimate child might have inheritance rights and might be supported by his father, but, unless the father legitimates his child in a prescribed manner, his child is illegitimate—a status which society has generally resented.

A few States no longer denote illegitimacy on a child's birth certificate, in order to protect the child from undesirable publicity. However, there are research advantages for the recording of such information. Therefore, the Federal Children's Bureau has recommended that information concerning legitimacy status and medical details should be recorded on the birth certificate in a detachable section which can be filed separately so that the information will not be made known to school authorities when a child is enrolled in school or to other persons to whom it is sometimes necessary to show a birth certificate.[2]

Not all fathers are eager to acknowledge or even to legitimate their illegitimate children. Many unwed mothers, regardless of age, have to institute legal

proceedings to establish the paternity of the child and to force the father to support his child. The character of these proceedings varies in the different States. Typically, however, a bastardy proceeding resembles a criminal action, yet the substance and effect of the proceeding are like those in a civil action.

Establishing Paternity

Bastardy proceedings are normally instituted by the mother. If she fails to do so, however, some States may themselves bring the action. In States in which bastardy proceedings have been considered as essentially civil actions, it has been held that the unmarried mother who is a minor must be represented by a guardian *ad litem*, or next friend.[3] On the other hand, some States subscribe to the view that a guardian *ad litem* is unnecessary because the State is the real plaintiff in the case, prosecuting the putative father in order to secure funds for the child's maintenance. In these States the courts take the point of view that the proceeding is aimed at preventing the illegitimate child from becoming a public charge, and that the minor unwed mother is merely a witness for the prosecution.

Conceivably, in some instances, a minor unmarried mother, for some monetary consideration, might enter into an agreement with the putative father not to institute bastardy proceedings.[4] She might do so because: (1) she is not absolutely certain that the presumed father of her child is in fact the father or that she would be able to convince the court of this; or (2) neither she nor the father wants to create a scandal or provoke publicity by instituting a bastardy proceeding. A few courts have held that if a minor mother enters into such an agreement and there is no evidence of fraud or duress, the agreement is binding and is a bar to further bastardy proceedings. Other courts have applied to such agreements the same general rule applicable to infants' contracts: An infant can void any contract or agreement to release his rights. This principle of contracts law is based upon the presumption that infants do not have sufficient discretion to put a just value on their property or rights and should therefore be protected.

Some States provide statutory safeguards for the mother in a minor's release of a bastardy claim. Such a release must be approved by a court.

While in the past it was generally believed that a father had a moral obligation to support his child born out of wedlock, the common law did not provide for the legal implementation of this moral duty. Not even the child's mother was liable for his support. The illegitimate child was regarded as *filius nullius* (nobody's child). Today, however, all States require the mother of an illegitimate child to support the child and, after paternity has been established, the father to contribute to the support. In many instances the father is required to aid in the expenses of the mother's pregnancy and the child's birth, upbringing, and education. Some States provide for the support payments to continue from the child's infancy to a specified age or to his majority.

There are indirect as well as direct means of requiring a father to support his illegitimate child. Some States do this through their poor laws, which place illegitimate children within the category of indigent relatives whom a nonindigent must support. Other States accomplish this objective through criminal laws which provide penalties for the abandonment and nonsupport of children, including illegitimate children. Still others provide for the enforcement of the father's duty of support through the bastardy laws which prescribe legal procedures for the determination of paternity.

Grandparents' Obligation

A problem often encountered in relation to minor unmarried mothers concerns the question of whether the mother's parents have an obligation to support her illegitimate child. Often a teenage unmarried mother continues to live at the home of her parents after the birth of her baby, attending school while her mother cares for her child. In such a situation the illegitimate child and his mother tend to be reared as siblings. Thus the question arises: Do grandparents, maternal or paternal, have responsibility to support their illegitimate grandchild? State statutes guide the courts in their efforts to answer this question.

Two Pennsylvania cases are interesting for the approaches taken by two different county courts in dealing with this problem.

In one case,[5] a petition for support of a poor person was brought by a child placement agency, the Children's Bureau of the Community Service of the County of Lancaster, against the maternal grandmother of an illegitimate child. These were the facts: When the defendant's daughter, Jessie, was 16, she gave birth to a son. The father of the child was unknown. With the consent of Jessie and her mother, the child was placed in foster care by the child placement agency. At the time the agency filed the petition for support, the child had been in

foster care for a year. The agency wanted reimbursement from the child's maternal grandmother for the cost of keeping the child in foster care.

The question before the court was: Can the maternal grandmother of a dependent illegitimate child be held liable for the support of that child, where the mother of the child is a minor and is not able to support him? The court held that the maternal grandmother was liable for the support of the child from the date of the case, but not retroactively.

The Lancaster County court relied on two Pennsylvania statutes to reach its decision: a poor law statute and a decedents' estates statute. Section 1012 of the Pennsylvania General Poor Relief Act reads: "The husband, wife, children, father, mother, grandparents, and grandchildren respectively of every poor person shall at their own charge, being of sufficient ability, relieve and maintain such poor person at such rate as the court of quarter sessions of the county where such poor person resides shall order and direct."

Did "grandparents" in this statute include Jessie's mother? In order to decide this issue, the court had to decide whether there was a legal relationship between a grandparent and an illegitimate grandchild. The court found that there was such a legal relationship by looking to the decedents' estates statute and finding that maternal grandparents of an illegitimate child can inherit from that child and that the child can inherit from maternal grandparents.

For the same reason that the Lancaster County court determined that there was a legal relationship between an illegitimate child and its *maternal* grandparents, thus making those grandparents "responsible relatives" within the meaning of the poor laws, the Allegheny County court held in another case [6] that the *paternal* grandparents of an illegitimate child had no legal relationship to that child. In that case the paternal grandfather of a child of a bigamous marriage brought an action to dismiss proceedings in which an order had been made against him to continue to contribute toward the support of the child. The grandfather had made some effort to support the child in the past after his son's abandonment of the child and the mother. The court reached the decision, apparently with some reluctance, that it would be unfair to saddle a paternal grandfather with the responsibility of supporting his illegitimate grandchild without giving the grandparent reciprocal inheritance rights.

Here was an invitation for the legislature to remedy this kind of situation. The Pennsylvania Legislature has not taken up this invitation. Instead it has repealed that section of the support laws requiring grandparents to support indigent grandchildren.

Adoption

Generally when illegitimate childern are released for adoption, State statutes require the consent of the mother only. In some States the father's consent is required if he has acknowledged the child, particularly if there has been legitimation of the child by the marriage of his natural parents to one another and the acknowledgment of the child by the father. Legitimation of the child by marriage of the natural parents after the mother has given consent to adoption does not always mean that the father's consent is also required.

State statutes differ regarding the problem of whether the consent of the parents or guardian of a minor parent must accompany the minor unmarried mother's consent to the adoption of her child.[7] Statutes in Arizona, the District of Columbia, Kansas, and Maryland specifically state that minority is not a bar to consent. There is much to be said for this approach. Sometimes parents can do great damage to their child and their illegitimate grandchild by withholding their consent. An older teenage unwed mother might with good reason want to keep her pregnancy and the birth of her child secret.

In its "Legislative Guides for the Termination of Parental Rights and Responsibilities and the Adoption of Children," [8] the Federal Children's Bureau has considered the effect of the mother's minority on her consent to the termination of her rights in her child. Section 6 of the termination guide requires that a minor mother's parent or guardian must be notified of the termination proceeding, "unless the court is satisfied, in the exercise of its discretion, that such notice is not in the best interest of said minor and that it would serve no useful purpose." Presumably, since a social study would be made in each case of the termination of a mother's rights and the adoption is filed by first or second degree relatives that study in making his decision regarding the advisability of notifying the minor mother's parents or guardian. In an adoption in which the petition for adoption is filed by first or second degree relatives of the child, the adoption guide would require that a minor parent's consent be concurred in by her parents or guardian.

A minor unwed mother must be protected from making a hasty and improvident decision regarding

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her child. A wise approach is taken by the provision in the adoption guide and many other statutes which require acknowledgment and attestation before a court or a notary of a mother's consent to the termination of her rights in her child.

A problem of getting consent from the unmarried mother's parents also comes up when a minor unmarried pregnant girl seeks medical care. Most hospitals and clinics require the consent of parents before providing any care to a minor because of the parents' legal rights in their minor child.

Custody

In regard to custody, courts subscribe to a generally accepted doctrine: A mother is the natural guardian of her illegitimate child, and as such has the legal right to his custody, care, and control, superior to the right of the father or any other person.

The policy underlying this rule seems to be that while the identity of the father of the illegitimate child may be doubtful, there can be no doubt as to the identity of the mother. Since the obligation to care for and to support the illegitimate child is primarily imposed on the mother, she should have custody to enable her to discharge that obligation adequately. There is also a presumption in the law that the child's best interests require him to be in the mother's custody.

The mother's right to custody of her illegitimate child is not absolute.[9] It is qualified by the same principle applicable to custody questions generally: The best interests of the child must be a guide.

Thus, in a custody battle between a minor unwed mother and her relatives, if a judge thought it would be in the best interest of the child to allow its mother to maintain custody, he would award custody to her. The age of the mother would be a factor, but the overriding consideration would be the best interests of the child.

Because of the presumption in the law that the illegitimate child's best interests require the child to be in the mother's custody, the burden is upon the person disputing the mother's custody to show why the general rule should not apply.

One possible antagonist to the mother in her attempt to maintain custody of her illegitimate child might be the father. What are his rights? Once again it must be said that the mother has superior rights to custody so long as it is in the child's best interest for him to remain in her custody. As between the competing interests of the father and other relatives, courts generally prefer the father.[10] Of course, here too the evidence must show that the father will make a suitable parent and the child's interest will ultimately be furthered by his being put in the father's custody.

Custody Agreements

Sometimes an unwed mother transfers the custody of her child to another person or persons. The arrangement might be made through a formal or an informal agreement. It might be permanent or temporary. This raises certain questions. Must an unwed mother take any special measures if she wants to arrange informally for another person (perhaps her mother) to take care of her child? Is a formal agreement of this nature legally binding on the unwed mother? Does the fact that she is a minor make a difference?

In a case recently before the Colorado Supreme Court,[11] an action was brought by the State to determine dependency and neglect of an illegitimate child. The child's mother had been arrested on a charge of forgery and sent to the penitentiary. Before incarceration she had taken the child to his grandmother, her mother, for care until her release from prison. At the trial to determine neglect, there was no disclosure of facts suggesting that the grandmother was mistreating the child. Presumably the proceeding was brought and carried to its conclusion on the sole assumption that, since the illegitimate child was not being cared for by either his father or his mother, the child was in fact neglected and dependent.

The trial court declared that it was necessary for the mother to obtain the consent of the court before putting the child in care of her mother. The Colorado Supreme Court found this ruling to be in error. The language of the court is important because it reflects an approach taken by many courts and is eminently sensible.

The court said:

> **Clearly it is *not* the law that before a child can be placed by a parent in temporary custody of a relative, permission must be first obtained from the court. Nor is it the law that custody orders must issue, and that the court must appoint the persons selected by the parent officially as guardian. . . . If, through arrangements made by the parent, the child is being properly cared for by those who have a genuine interest in its welfare, the fact that the mother has obtained such help and has sought out and procured proper care for the child is evidence that the parent is not neglecting the child.**

A formal agreement transferring custody of an illegitimate child from his mother to somebody else may or may not be enforced, depending upon the State in which the agreement is made or in which it is

to be enforced. Some States have laws stating clearly that a permanent transfer of custody of a child from his natural parents to another person is invalid because it is contrary to public policy.[13] In States where the law is not explicit on this subject, some courts have upheld such a transfer if it is in the best interests of the child. Other States have statutes authorizing such a transfer.

In a recent Georgia case,[13] an issue before the court was whether a contract made by a 19-year-old woman and her husband (not the father of the illegitimate child) was effective to waive her parental control over her minor child. The court, following an earlier Georgia case,[14] stated that an infant wife could not waive her parental control over her child. In fact, she could apply to the proper court to regain custody of the child if he were in the custody of someone else.

Presumably the courts apply the general principles of the law of infants' contracts to situations involving the transfer of custody. The teenage unwed mother, then, is protected from the results of a hasty decision to transfer custody of her illegitimate child. If she does make a decision to transfer custody, she can change her mind later and void the contract.

Conclusion

The fact that an unwed mother is a minor is relevant insofar as the law is concerned. Because of her age, her rights, responsibilities, and liabilities differ in many respects from those of older unwed mothers. For many of the legal principles applicable to minors generally are applicable to the minor unwed mother.

It must be borne in mind that when children are involved in a case, courts are guided by "the best interests of the child" doctrine. While that doctrine is defined in many ways, depending upon the court and judge, it can serve as a useful criterion. The hope is that "the best interests of the child" doctrine will work to protect and benefit not only the illegitimate child but also his mother who, as another child, also deserves special consideration.

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[11] *Diernfeld* v. *the State of Colorado*, 323 P. 2d 628 (1958).

[12] *Stickles* v. *Reichardt*, 203 *Wis.* 579, 234 N.W. 728 (1931).

[13] *Springstead* v. *Cook*, 215 Ga. 154, 109 S.E. 2d 508 (1959).

[14] *Walker* v. *Walker*, 209 Ga. 490, 74 S.E. 2d 66 (1953).

They [unmarried mothers] need something as simple and as wonderful as human interest. They need someone strong enough to share the responsibility they cannot carry, to give the direction they lack, and to provide the structure which can put controls on their destructive behavior and encourage what strengths they do have. In other words, they need protective authority that will keep them out of trouble instead of punishment after they are already in it.

Leontine Young, professor of casework, Ohio University, to the 1960 White House Conference on Children and Youth.

THE SCHOOL AND UNMARRIED MOTHERS

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NEARLY ALL STATES have compulsory education laws. In most States, these laws require young people to attend school until they reach the age of 16, and permit them to attend until they are 18 or 21, or until they finish high school. In practice, these laws have been interpreted to mean that provision must be made for the continued education of all children through grade 12. Not exempted are the slow, the maimed, and the blind. One group only is often overlooked or deliberately excluded. This consists of the teenage girls who are already mothers or who are about to become mothers—many of them without benefit of marriage. Whether or not State education laws apply to these young people varies with the States or is left up to local school systems to determine as they see fit. Yet these young mothers—in spite of the manifestations of their physical maturity—are legally, as well as mentally and emotionally, still children. They are obviously as badly in need of education as other teenagers, if not more so.

Information is not available on the nature or the extent of all educational opportunities for unwed mothers. It is clear, however, that some States have directly contradicted the comprehensiveness of their educational objectives with regulations or practices which exclude girls who are pregnant or who have already had a child. Many States by law or regulation deny educational opportunities to out-of-State girls who are seeking anonymity away from home. Some even forbid local school systems to make special provisions for any unwed mother.[1] Such restrictions, deriving presumably from moralistic and punitive attitudes, may actually be self-defeating, for society will be the loser if these girls' problems are compounded by continued ignorance.

The schools, in spite of the constant criticism they receive, do represent an avenue for transmitting society's standards of moral behavior. For unmarried mothers—especially those under 16—some continuity of school experience may be not only an opportunity for receiving a much needed education but also the only real hope of staying out of trouble. Such girls usually release their babies for adoption or turn them over to their own mothers for support and care. These girls are too young for jobs, even if they wish to remain out of school. Hence all adult roles are denied to them. They have no peer group available, no means of support, no *raison d'être*. And they are vulnerable to further overtures from boys who themselves run no equivalent risks.

For the older unmarried mother who will be seeking employment after delivery, vocational guidance and training are extremely important. These functions are traditional school functions.

The social-educational responsibilities of schools may be debatable, but their social influence is not. Parsons[2] stresses the fact that school is not only a vital agency for helping young people adapt to society, but also a channel through which they select their future status in society. Thus when an unmarried mother must forego further education, the chances for her social improvement are diminished.

All young people need the experience of achievement. According to Vincent, many unmarried mothers have not had this experience, have not even been free to fail while trying, and hence have developed a "paralysis of workmanship."[3] They postpone, partially complete, retreat, or are unable to decide. Nowhere is this as manifest nor as crucial as in school.

The pressure mounts in the later school years. As Parsons has pointed out, the elementary school tends to focus on the level of capacity; the secondary

school focuses on qualitative achievement.[2] The unsure, the work-paralyzed student is increasingly conspicuous. Although research indicates that *social* success has the highest status for the teenage girl,[4] there is reason to believe that social status itself is partially dependent upon reasonable *academic* success. Those girls who cannot achieve academically may try to achieve socially by attempting to demonstrate their adequacy and success in sexual and reproductive roles. Such girls need individual attention to help them with their learning problems.

Many unmarried mothers are especially lacking in the skills of communication.[5] Without attending school they have no further opportunity for learning these skills.

Fear is undoubtedly one of the major factors behind the community pressures which result in unmarried mothers being excluded from school, fear that sexual activity will be sanctioned, hence encouraged. But since the boys involved are rarely, if ever, excluded from school, the protection afforded others by putting the luckless girls "out of sight and out of mind" seems somewhat illusory. A far greater protection for the girl, the boy, and their schoolmates would be efforts on the part of the school system to help her, and the rest of the students to reach a greater understanding of the world in which they are a part. This requires a comprehensive and variegated program aimed at providing continuity of education for all children until they finish high school—including girls who are pregnant and those who have delivered, *whether or not they keep their babies.*

Identification and Referral

Besides their obligation to help the unmarried mother to continue her education, the schools have a responsibility for helping the pregnant student to receive the medical and social services she needs. The school, more than any other community agency, is in the most favorable position for finding the scared, pregnant girl early in her pregnancy and directing her to the appropriate community services.

The identification and referral process is not an easy one, for it requires protection of the girl from curiosity and gossip without condonement of the action which brought her to her present state. It is often hampered by the girl's own fear of being found out in a situation she knows must eventually be discovered, but which out of panic she often tries to hide as long as possible. In many schools, identification is further hampered by a regulation that requires a pregnant girl to be dropped from school as soon as her pregnancy is known.

The school nurse can play a major role in the identification and referral process. If the nurse has a good relationship with the students, and in her behavior toward them has built up a reputation of professional integrity, the troubled girl is apt to go to her with her problem, as she has with the aches and pains she has suffered from time to time. The school social worker—if there is one—has responsibility for working closely with the nurse and the teacher in identifying the girl whose behavior indicates that she is troubled, for making the actual referrals to the appropriate community agencies, and for following through to see what arrangements can be made for the girl's continued schooling as well as for meeting her other needs. Unfortunately, few schools make any consistent attempt to learn what happens to the pregnant girl after she leaves school.

There is no provision for followup if the girl has passed compulsory school age. Therefore, most schools do not even know how many of their school dropouts have left school because of pregnancy.

Instruction During Pregnancy

Even if schools cannot allow pregnant girls in their classrooms, they can—and in some instances do—provide continued educational opportunities for them. In a few places—Portland, Oreg., for example—the school systems include pregnant girls who live at home or in foster homes in their special programs of instruction. Some school systems, as in Seattle, Wash., Toledo, Ohio, and Portland, Oreg., taking advantage of facilities which make it possible to reach the girls in groups, send teachers to maternity homes.

In Portland, Oreg., the school system furnishes the Salvation Army White Shield Home with the services of three half-time teachers who instruct the girls in small groups and individually according to their school level. The public schools also provide three half-time teachers for classes offered at the Boys and Girls Aid Society of Oregon for pregnant girls who live at home or in foster family homes. This program clearly validates the contention that continuation in school is important to these girls. They attend these classes in spite of embarrassment at having to appear in public in order to reach school.

In Seattle, Wash., the Florence Crittenton Home of Seattle, which (with a few exceptions) limits its intake to teenage girls, puts great stress on the continuance of education. Instruction is provided

by three full-time teachers from the public school system and the girls are generally expected to attend classes regularly.

In both Portland and Seattle, rather complex record procedures are adhered to which protect the girls from indication on their school transcripts the nature of their circumstances. The records show only that the girls have transferred either to a different school or to a department which includes a number of special schools. The bulk of this record handling is channeled through one high school in each city. Pregnant girls may graduate from high school in ceremonies held for them in the maternity home.

These programs have revealed the meaning that continued schooling can have for girls pregnant out of wedlock. Frances Miller, supervisor of the program for the physically handicapped of the Portland public school system, has noted that "schoolwork seems to be the one stabilizing influence for a meaningful and purposeful activity when a pregnant girl feels overwhelmed by a multitude of problems." And June Peterson, public school teacher assigned to the Florence Crittenton Home in Seattle, has found that some girls who had dropped out of school *prior* to their pregnancies were motivated not only to resume their studies while at the Crittenton Home, but to re-enter regular high school after delivery.

In a maternity home, an expectant mother does her schoolwork, an opportunity denied to many unwed mothers.

Their new-found motivations are a tribute to excellence of instruction and rehabilitation.

Many people assume that schools offer educational opportunities to girls who have given up their babies for adoption, the girls returning to their regular schools for instruction. Such, however, is not always the case. Burchinal in his study of *married* students in Iowa reports: "generally girls who were pregnant prior to marriage are not permitted to re-enter school automatically. About one-third of the schools would not even consider re-entering." [6] These findings are, of course, also germane to unmarried mothers.

Post Partum Instruction

However, in Portland and Seattle girls are encouraged to return to regular public schools after delivery. They may choose their previous school or a different one. Moreover, in Seattle girls who were high school seniors while studying at the Crittenton Home are allowed to return to the home after the birth of their baby to finish their schooling, if graduation time is near.

But what happens if the new mother with no husband decides to keep her child? She is, perhaps, the most educationally neglected of all. The choice of keeping her child (or necessity because of lack of other opportunities) is most often made by the nonwhite girl of low economic status and deprived cultural background, who, even more than others, needs help and encouragement in securing further education. The poorly educated deprived girls are the most likely to be links in chains of generations of unmarried mothers. They are also the most likely to have more children out of wedlock.

Philadelphia is the scene of an unusual experiment to provide educational opportunities to such girls. There the public school system and the Berean Institute, a voluntary agency, are collaborating in a program which provides both instruction in child care and vocational education to teenage unmarried mothers. The mothers bring their children by public transportation to the agency each day. The institute provides a day-care program for the babies while the mothers attend classes—in stenography, beauty culture, and academic subjects taught by a teacher provided by the board of education as a part of its extension education service. The mothers take care of their children's needs, including the feeding, and are on call for emergencies related to their babies.

The first 3 years of the project were financed by a grant from the Seybert Institute. Since then the Philadelphia Department of Welfare has contracted

with the Berean Institute for continuation and improvement of the service. Funds have been made available by the Pennsylvania State Department of Public Welfare, with Federal financial participation through the State's child welfare services plan.

Now in its fourth year, this program, is reported to be having gratifying results.[7] Many of the mothers are said to be achieving far more in their schoolwork than they ever had previously, and to be finding real satisfaction in their roles as mothers and as family members at home. The grandmothers (the mothers' mothers), often unmarried mothers themselves, are brought into the program and have expressed their approval of it. Not only are they included individually in the planning for the mother and child but are encouraged to participate in group conferences. They are helped to see their appropriate roles. For example, one grandmother said after such participation: "I am now able to be a grandmother . . . at first I felt like the mother."

The Personnel

Providing for the education of unmarried mothers obviously calls for the cooperative efforts of educators and social workers in schools, in school extension programs, in maternity homes, and in other social agencies. The school can make best use of social welfare resources if they have social workers on their own staffs, and social agencies can provide the best service to unmarried mothers by having teachers on theirs. I have already referred to the responsibility of school social workers, as well as nurses, in the identification and referral processes for the unmarried mother. Bowman [8] has illustrated the value of school social workers in the post partum planning for return to school. They can help decide whether the girl should return to the same school or a different one, and whether her program should be academically or vocationally focused.

However, if the members of these professions are to succeed in helping the unmarried mother to educational achievement, they need some affinity for interdisciplinary collaboration. The school social worker must have basic respect for education and be determined to increase the educability of each child by helping him with his social problems. On the other side of the coin, the teacher in the maternity home must believe in the power of education to facilitate the social rehabilitation of her students.

The personnel, however, can only achieve what the institutions of which they are a part themselves are committed to. This means that there must be a closer working together of schools and social agencies all along the line, and a mutual belief in the interdependence of their efforts for the achievement of best results. Perhaps out of working together for those especially troubled girls, the unmarried mothers, they may achieve broader vistas of mutual concern and collaboration.

The Horizons

This cursory review of some of the things being done only points up the possibilities of what might be done to help unmarried mothers continue their education. There are great needs for leadership in this area, publications, research, reciprocity between cities and States, extension and improvement of services, and educational efforts toward prevention of illegitimacy.

It is almost impossible for special educational needs to get substantial nationwide attention without strong lay or professional leadership. Lay leadership often comes from parents of the specific groups of handicapped children needing such services—the mentally retarded, the cerebral palsied, the emotionally disturbed. In the case of unmarried mothers, the parents are either too embarrassed by their daughters' predicament to want to call attention to it, or too far down the social ladder to be able to organize community support. Hence, it falls to the professionals to assume the initiative. However, only a few voices have been raised in the cause of schooling for unwed mothers, most of them from a small section of the Association of Educators for Homebound and Hospitalized Children, itself a small part of the Council for Exceptional Children of the National Education Association.

Leadership, interest, and knowledge depend in part upon publications devoted to the subject. The supply is meager. Some good presentations have been incorporated into institutes and conferences, but have not been extensively distributed. Occasional articles have appeared in the social work journals, but these reach few educators or lay persons.

Research needs and possibilities are legion. For example, a basic study of the nature and extent of school programs for unmarried mothers could well be made by the Office of Education, the Children's Bureau, or one of the major professional organizations. Followup studies might be conducted on "graduates" of present programs. Basic research into the relative weight of social and educational status in association with illegitimacy would be helpful to program planning.

Reciprocal agreements need to be reached between cities within States and between the States so that nonresidents can receive the services they need. Residence requirements are reprehensible enough when applied to applicants for public assistance, but restrictions that prevent girls who are deeply in trouble and are away from home from getting the medical, social, and educational help they need to rehabilitate their lives are indefensible.

It goes without saying that present programs need extension and improvement. As we have noted there *are* some fine examples to be followed, but even these rarely reach all the unmarried mothers in need of further education. The Philadelphia program, for example, which is pioneering in new directions to help girls from deprived backgrounds, can reach only a fraction of the unmarried teenage mothers in the city.

Prevention

Preventive efforts are even more important than remedial measures in attacking any social problem. But the subject of prevention in relation to illegitimacy is both a nebulous and a sensitive one. Pregnancy before marriage does not lend itself to prediction. It is not in itself a social or emotional disorder, although in many instances it is a symptom of a disorder. Therefore, efforts to prevent social disorder may result in the prevention of some potential out-of-wedlock pregnancies.

One possibility is sex education. This is a touchy subject which is often discussed with more heat than light. While many people apparently have strong feelings about the appropriate time, place, and method for giving information about sex to young people, little, if anything, is actually known about the comparative effectiveness of various approaches. In fact, very little is known about the relationship of incomplete or distorted sex information to pregnancy among unmarried teenage girls. Here again research is needed to supplant opinion. We may find, for example, that unmarried mothers have received more rather than less sex information than others, but they may have received it from the wrong sources and in a distorted form.

Another possibility lies in greater efforts to inculcate moral and ethical values in young people through the regular school programs. Derthick [1] has urged the schools to do more in this area. He has received, by implication, support from Vincent,[3] who has written at length about the place of current educational methods in promoting a "fun morality"—the idea that all things are better if they are fun. Can the schools find better ways of educating for nonfun morality? Should they, if they can? Will the incidence of unmarried motherhood decrease through this means?

Some current experiments in education may be suggestive of further experimentation. As indicated in Gross [9] and others, grouping in classes—by intelligence, age, achievement—has become an important consideration in education today. Some of the characteristics of unmarried mothers may have grouping implications for children with these characteristics. For example, various reports indicate that some girls who have become pregnant out of wedlock have need of a close relationship,[7, 8] especially with a mother figure. Perhaps children who give early evidence of having such a need in excess could be especially placed with a motherly teacher or at least *not* with unmotherly cold teachers. Perhaps teachers could place more emphasis on the mother role than the teacher role with such children.

Perhaps, on the other hand, or in addition, we could increase the male influence in the lives of these children. Many unmarried mothers who come from deprived backgrounds have had no father in the home most of their lives, if at all. Adequate male teachers might be even more beneficial to them than motherly females.

We need to pose the questions, whatever the answers, and consider the possibilities for the prevention of illegitimacy as well as the rehabilitation of unmarried mothers.

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Viewing the problem of illegitimacy whole points up a need for providing . . .

CASEWORK SERVICE FOR UNMARRIED FATHERS

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TRADITIONALLY, in working with the problems of illegitimacy, social agencies, both public and private, have quite naturally focused their attention on the unmarried mother. The father of the child born out of wedlock remains a somewhat nebulous figure, left free to attempt to detach himself physically and emotionally from a problem in which he has been intimately involved. Generally, agencies have seen the father only if he has presented himself or has been asked to come in to contribute financially to the mother's medical expenses or the child's support.

More than 20 years ago, Maud Morlock recommended that agencies provide casework services to fathers of children born out of wedlock and that studies be made of such agency experiences, especially with reference to the skills needed in the interviews, the cooperation of the father with the agency, and the development of his interest in the child.[1] Both the Children's Bureau and the Bureau of Family Services are continuing to advocate such a policy [2] as does the Child Welfare League of America.[3]

Yet a review of the literature reveals that little information about such fathers has accumulated. Assumptions about the putative father and his attitudes have usually been formulated from information and feelings expressed by unmarried mothers. The public usually pictures him as a seducer and deserter, at the same time excusing him with such clichés as "he was just sowing wild oats" or "boys will be boys." Clark E. Vincent, in his recent study of unmarried mothers, states: "Although biologically he is half the cause of illegitimacy, the ratio of studies of the unmarried father to studies of the unwed mother is approximately one to twenty-five." [4]

While the literature contains many references pointing to the desirability of providing casework service to the father, few agencies provide such a service with the same degree of intensity of that being offered to the unwed mother. Lack of trained staff, lack of financial resources have been the primary reasons given for not involving the father in casework services. One must add to these a lack of conviction on the part of many social workers that he can be involved and perhaps some lack of conviction about the value of involving him. This lack of conviction may in turn be due in part to a lack of experience in directly working with the putative fathers as well as to misconceptions about them. One frequently hears that the unmarried father's relationship to the unmarried mother is exploitative, that the relationships between unmarried parents are for the most part fleeting and of a casual nature—generalizations which derive from the public's image of the unmarried father.

In recent years, however, a few agencies have been pioneering in efforts to involve the father in casework service, not only to provide better service to the mother and to make possible better planning for the child, but also for the sake of the father

himself and his future behavior and relationships. One of these agencies is Vista Del Mar, a Community Chest agency in Los Angeles, which for the past 6 years has been offering the unwed father the quality of individual help long recognized as essential for the unwed mother.[5]

Experiences at Vista Del Mar, as well as those at St. Elizabeth's Infant Hospital in San Francisco,[6] support its expectation that the teenage father has many of the same problems as the teenage mother. The boys to whom casework service has been provided have been found to be receptive to the help offered and to have been able to use it constructively. They have come from all social and economic walks of life.

Services Offered

Vista Del Mar began its services to the unwed father by reaching out to the teenage father who, if he did not come to the agency with the girl, was standing close by and therefore was accessible. A male caseworker was made available to the boy on the theory that he would respond more favorably to the opportunity of talking to a man because of anticipating greater understanding of his own problems and needs. The social worker could, in a sense, represent a father figure to the troubled boy.

Bringing the teenage father into the agency turned out to be less of a problem than had been expected. The boy either comes spontaneously to the agency with the girl or readily accepts an appointment when this is offered to him. In every instance his parents as well as the girl's parents are contacted by the agency, and the work done with the boy and his family parallels and is integrated with the work done with the girl and her family. Take, for example, the case of 17-year-old Robert L, the father of the child expected by 14-year-old Barbara M.

The two young people had met through a friend. After going together for a relatively brief time, they had decided they were in love and that they would go steady. Although Robert had never had sexual relations with other girls, he knew his friends had and it seemed natural for him to suggest to Barbara that they do the same.

When Barbara became pregnant she was brought to the agency's attention by her parents. After obtaining her permission, the agency got in touch with Robert's parents by phone with the offer of an immediate appointment for them and the boy. Although they at first expressed considerable doubt about the possibility of the agency's being of any help to them and their son, the L's came to the agency with Robert for an initial interview, leaving before he did to give the caseworker a chance to see him alone. They eventually agreed to cooperate with the agency in every way, accepting casework help for themselves as well as Robert, and participating in a financial plan to help pay Barbara's expenses. Throughout all the interviews with them, the caseworker urged them to support Robert in defining and meeting his responsibilities.

Robert himself readily accepted the offer of casework help. He had been stunned and frightened when he learned of Barbara's pregnancy, and began to realize that he had done something wrong. He welcomed the opportunity to talk over his problems in an effort to find out what would be the right thing for him to do.

At the time of the agency's contact with Robert, he was completing his senior year in high school where he had always maintained about average work. After he learned of Barbara's pregnancy, his school grades had begun to drop and he was in real danger of failing, and possibly not graduating.

Robert described his relationship with his mother, who had an overprotective attitude toward him, as being a much easier one than the relationship between himself and his father. His mother and father quarreled a great deal, mostly about him.

Robert had never been close to his father, a rather intense, hard-working man whose job as a salesman kept him away from home a good deal of the time. Robert said he could never seem to satisfy his father, who was constantly pushing him to go out for sports, to get better grades, to become an attorney. Because his father alternated between being very lenient with him to being extremely strict, he never really knew where he stood with him. Communications between father and son were blocked. Robert's father had once attempted to tell him about the facts of life, but became very uncomfortable and consequently did not get very far in the discussion. But he was furious when he learned that Robert had been involved in sexual relations with Barbara.

Robert said he had engaged in sexual relations with Barbara because his friends were having sexual experiences, and he could see nothing wrong with this and no reason why he should not. Although he and Barbara had had such relations over a period of time, the experiences had been unsatisfactory for him and had left him feeling depressed. After his first sexual experience, he felt so badly that he went to his church to seek the youth counselor in order to talk with him about his feelings. The youth counselor was not available and Robert did not pursue this further. He had known about contraceptives and had made some efforts to use them, but had abandoned their use because he did not like the idea, and so took no precautions to prevent pregnancy.

Robert said he had never entertained the idea of marriage during his relationship with Barbara. When he learned that she was pregnant, he had thought briefly of this possibility and quickly dismissed it. He said he was not ready for marriage nor did he feel that if he were that he would want to marry Barbara. His plans were to finish high school and go into the Navy where he could attend a technical school. He felt that marriage at this point would be wrong for him and therefore wrong for Barbara.

Robert found it difficult to believe that he was going to be a father. As the responsibilities involved in fatherhood were

discussed with him, the implication of his involvement with Barbara became more meaningful and the realization that he was neither ready for marriage nor for fatherhood became very clear to him. He readily accepted the idea of adoption as a resolution for the predicament he found himself in—a solution accepted more gradually and painfully by Barbara.

The caseworker saw Robert as a confused adolescent who was seeking a security and acceptance in his relationship with Barbara that he did not get from his own family. In engaging in sexual relations, he was attempting to act in an adult manner, having no awareness nor preparation for the responsibilities involved. Counseling helped Robert to clarify some of his own feelings toward Barbara and toward himself as well as his future aspirations. He looked to his caseworker for guidance as well as help in better understanding himself.

Robert's parents kept all appointments set up for them. When the full implications of the trouble their son was in hit home, they became even more concerned than Robert about his predicament. But they were able to go beyond this to a concern about their own family interrelationships and their effects on Robert. In the agency they found a vehicle through which they were able to reach a better understanding of each other. This was particularly true for Robert and his father. Robert's father began to see his son as a person to whom he could be close without having to push him in directions that were not realistic for him.

Throughout, the caseworkers for the boy and his family and the girl and her family worked in a close team relationship through periodic conferences. Because the relationship between Barbara's and Robert's families was extremely strained, it was decided there should be no contact between them, except through the caseworkers. Barbara seemed relieved at this separation from Robert, although his continuing to come to the agency was of tremendous importance to her since it represented his continued interest.

The Sexual Experience

The overwhelming majority of teenage boys seen at Vista Del Mar seem to have had some perfunctory, technical information about sex before going into a sexual relationship. Some of this information was received in school, some from parents or from literature made available by parents, and some from their friends. While the vast majority of these boys have known about contraceptives, they have seldom used them when having sexual relations. A typical response when the social worker brings up the subject is: "Yes, I know all about this, but to have used a contraceptive would have been just having sex for sex's sake and our relationship had more meaning than that," or "She just wasn't that kind of girl." When asked why he engaged in sexual relations, a boy is apt to answer: "Some of my best friends at school have been doing this, so why shouldn't I?" or "Why not?" or "I don't see anything particularly wrong with this."

Some of the teenage couples seen by the agency had had only one or two sexual experiences with each other before the girl became pregnant. Others had been having relations for a period of months, and a few for as long as a year. When asked by the social worker, "What did your sexual experiences mean?" most of the boys have responded, like Robert, "To tell you the truth it was a very disappointing experience." But they were not able to admit to their friends that the experience had been disappointing, unsatisfactory, and depressing. One boy said to the social worker, "I hope that this is not what sexual relations in a marriage are like, because it just wasn't what I thought it was going to be." Another asked, "Will I be able to make a satisfactory adjustment in a marriage?" And another commented, "If that's all there is to it, I don't think it is really worth it."

Work With the Boy

In each case the social worker carefully discusses with the boy the implications of his attitude toward sex. He answers their questions, but takes a firm position with them about their responsibility for their acts and in no way condones their sexual behavior. He points out to them the reasons why they should not engage in premarital intercourse, discussing the differences between teenage love and a more mature and genuine relationship between people ready to meet the problems and responsibilities of adulthood together. He particularly stresses the responsibilities that go with parenthood and their basis in the need of every child for a stable and secure home.

The social worker points out not only the obvious risks of engaging in premarital intercourse, such as acquiring a venereal disease or impregnating a girl—dangers that most of the boys are well aware of—but also the risk of impairing later sexual adjustment in marriage. Most of the boys seem genuinely concerned about achieving a good marital relationship in later life.

When the responsibilities associated with fatherhood are discussed with these teenage boys, the over-

whelming implication of what they are involved in suddenly seems to dawn on them. Occasionally a boy is seen who has not previously been told of the pregnancy or who, while well aware of the girl's problem, has not emotionally received the message that he is about to become a father.

"Me, a father!" said one 15-year-old boy. "You're kidding." Others have said over and over, "I just can't believe it."

At Vista Del Mar teenage fathers are usually given the opportunity to see their babies either at the hospital or at the agency. They react with both disbelief and concern: "Did I really produce that?" "I can't believe it's real." "Is it getting good care?"

Many of the boys stare at their baby as though transfixed. One boy became disturbed because his baby had a facial rash and insisted on calling this to the attention of the nurse. Another wanted to hold and fondle his baby.

Having seen his baby makes the boy sharply aware of the reality of the problems resulting from his sexual behavior. The responsibilities involved suddenly hit him with tremendous impact. Frequently he asks for assurance that the baby will receive the best possible care. The discussion of his future aspirations, the meaning of his relationship with the girl, marriage, and the alternatives possible in planning for the baby from then on take on greater meaning for him.

Work With Parents

The experiences at Vista Del Mar have shown that the parents of unwed teenagers involved in a pregnancy recognize the tremendous implications of the fact that a child is to be born out of wedlock, and realize that they are faced with a most serious problem requiring immediate attention. Recognizing their need for help, the agency actively extends its services to both the girl and the boy. In this process, the parents are encouraged to state clearly what they will or will not be able to do to help the teenagers.

For example, they are encouraged to say how much money they will spend in providing medical care and living arrangements for the girl and her child, how much support they would give the young couple in the case of marriage, and, finally, whether they would want to or be able to take the child into their home and raise it themselves. The agency takes the stand that the parents have a responsibility and a right to assert themselves in these respects. A clarification of this kind with the parents of both the boy and the girl can accomplish the following: It helps the parents take a definite position without excessive feelings of guilt; it helps the teenagers learn what their parents are feeling and what they are prepared to give; and it helps the social worker further define for the teenagers the reality which they must face.

Little "assertiveness" is needed on the part of the caseworker to involve the girl's parents in the service, for they usually come in with the girl or shortly thereafter on their own accord. However, the boy's parents—who are generally contacted shortly after the first interview with the boy—often meet the suggestion of service—either for themselves or the boy—with considerable resistance. Ways are usually found, however, to help them see their own and their boy's need for such a service. They are told in their beginning contacts with the agency that alternative solutions will be examined, that the agency is not going to force a preconceived solution upon them, but that an effort will be made to work out a satisfactory social solution without the authoritative use of the court. The seriousness of the situation is stressed not only in relation to the girl, which they readily comprehend, but also as it affects their son.

The Older Unmarried Father

A logical extension of working with teenage unwed parents and their families is to offer this service to older unmarried fathers. Agencies which have done so have found in many unmarried fathers a constellation of personal problems that are often deep seated and of long duration: an underlying fear of marriage and the responsibilities of fatherhood; a loss of confidence in their masculinity resulting in a need to prove its existence; a realization that the illicit relationship can have no permanency and no real direction and therefore offers no security.[7]

Contrary to general expectations, at Vista Del Mar we have found the older unmarried father to be as accessible and amenable, if not more so, than the teenage unmarried father. This is due in part to the fact that the older unmarried father is generally more aware than the teenager of the serious implications of an out-of-wedlock pregnancy. The fact that someone is genuinely interested in helping him grapple with some of his feelings and find a constructive way to meet the problem in which he has played a major role has opened the door to his participation in working toward its resolution.

Drawing the older unmarried father into participation in the agency's service begins with helping the girl to involve the man in the agency's efforts on

Involving the unwed father in casework service, as shown here, and giving him the help thought essential for unwed mothers may benefit the father and ease planning for mother and child.

their behalf. Recognizing the usual ambivalence in the attitude of each to the other, the caseworker utilizes the positive aspects of the relationship as an aid to this goal. However, the worker must be prepared for the fact that the girl may speak disparagingly of the father, since this is the image of him she expects society to have. Unfortunately, caseworkers often do not move beyond this point and fail to recognize that the girl may have positive as well as negative feelings toward the father of her unborn child. When the worker recognizes these positive feelings, the girl experiences the relief of being understood, rather than having to maintain a pretense of a "hatred" toward the man that she usually does not feel. The worker can then help the girl see the entire relationship more honestly, thus enabling her to examine her own part in the creation of the problem.

In the inital interview with the father, the social worker suggests that facing the situation represents a healthier, more mature approach than running from it. Ways of doing this are spelled out: standing by the girl, thus giving some dignity to the relationship; participating in the planning for the child; giving financial help; examining life's problems revealed by the predicament; and recognizing the meaning and responsibilities of fatherhood. When the work with the unmarried father is handled in this way, the man usually ceases to be defensive and constructive participation on his part begins. For example, John, a 31-year-old unmarried man who was about to flee the city when his 26-year-old companion became pregnant, responded to the male social worker's phone call by coming to the agency immediately. Because he feared a marriage for which he was in no way prepared, initially he saw flight as his only solution. His panic was alleviated by the suggestion of possible alternatives. He no longer had to run.

The married man who has a child by a woman other than his wife has serious problems to cope with relating to his marriage as well as to his concept of himself. Among the many questions that he must face are: Shall he tell his wife? How shall the child be provided for if the mother keeps the child? What will his relationship to the child be? What will the child's relationship be to the father's legal family? What will be the interactions between the different family units?

Occasionally assertive approaches have been necessary to bring putative fathers into the agency for discussions, but these have been found to be successful without recourse to the authority of the court. For example, repeated persuasive phone calls and letters have been used. If necessary, the caseworker offers an evening, noon, or Saturday appointment to facilitate and encourage an interview with the father. References to the possible legal, financial, and psychological consequences of the putative father's actions are used as tools to involve him in a service on his behalf.

Conclusion

Such work with unmarried fathers has revealed that they have considerably more feelings about their illegitimate offsprings and the mothers of these children than has heretofore been recognized. Moreover, the fact that the California State Department of Social Welfare is advising agencies to be cognizant of the rights of the unmarried father in relation to his child suggests that the claims made in courts for out-of-wedlock children by their fathers are significant. If the child of an unmarried father is not released for adoption, the father's rights need to be clarified. The place of the child in the father's life has to be given consideration as well as the financial arrangements he should make on behalf of the child.

Public assistance agencies especially need to work out a better understanding of the mechanisms and theory of support of illegitimate children by their fathers and the relationship of law enforcement to

this problem. A climate of services must be an integral part of the approach.

An experiment in working with the unmarried father in a public assistance agency is underway at the Kern County Department of Welfare in Bakersfield, Calif., with special consultation from the Vista Del Mar Child-Care Service. There two caseworkers, one a man and the other a woman, are carrying a protected caseload of unmarried parents, including the fathers, all from economically deprived families. The results of this experiment will tell us much about unmarried fathers.

Research studies on fathers of illegitimate children should, on the whole, parallel studies being done on unmarried mothers. Further, such studies might test the validity of including the putative father in a structured casework service, by trying to determine:

1. The extent to which the putative father is available for casework interviews.
2. The effect that his being involved in a casework relationship has upon the unwed girl and upon himself.
3. The extent to which he will contribute financially to the expenses incurred.
4. The effect such service has upon decision-making regarding the future of the child.
5. The extent to which the methods used by a private agency can be applied by public agencies working primarily with the socially and economically underprivileged clients.
6. A profile of the putative father indicating who the putative fathers are, what they are like, what kind of problems they have.

With such knowledge it will become incumbent upon agencies to offer services to unmarried fathers similar in quality to those now available to unwed mothers.

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This is a moment when the answer to any question is likely to lie in a committee report or else the magic word "research." At the risk of announcing some premature findings, without benefit of committee or prolonged research, I venture to suggest that some of the major factors behind family problems are already well known. They include inadequate schools; crowded living conditions; ill health, physical and mental; poverty; the steady pressures, humiliations, and hostilities under which racial and ethnic minorities live; the influence of a culture which makes much of technique and little of ideas and purposes; and not least, the unresolved paradoxes of a moral outlook which at one and the same time connects sex with sin, uses sex to sell its products, and teaches its young to regard a strong attraction for a person of the opposite sex as something quasi-supernatural which can conquer all and excuse all. Something has to give, and what gives, in most cases, is the individual's belief that he has been taught any standards by which he can live.

Dr. Charles Frankel, professor of philosophy, Columbia University, to the 1962 forum of the National Conference on Social Welfare.

THE COMMUNITY'S PART IN PREVENTING ILLEGITIMACY

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THE PROBLEM of illegitimacy stems from complex personal and sociocultural factors. It involves young and middle-aged men and women, intelligent and mentally deficient, educated and uneducated, white and nonwhite, rich and poor. Therefore, coping effectively with this problem requires a broad range of treatment approaches and of community services which take into account its many aspects and their relation to individual and social adjustment. The community has a responsibility not only to help those involved in the problem but also to move toward prevention of unmarried parenthood within this broad and dynamic framework.

Acceptance of this responsibility implies the examination of certain key sociocultural factors associated with illegitimacy. They include poverty, migration, urbanization, lack of education, weak or ambivalently held moral standards, faulty parent-child relationships, social and emotional deprivation, and emotional disturbance or immaturity.

Recently, there has been increasing awareness of the possible relationship of the conflicts, ambiguities, and discontinuities in our social mores to the increase in illegitimacy. For example, a growing acceptance in the population as a whole of the naturalness of sex as a basic human drive is reflected in a seeming preoccupation with sex in the media of communication and in advertising. There seems to be widespread tolerance of extramarital sexual intercourse—as long as there is no baby. Then, the tendency to censure sexual behavior only when there are visible manifestations, and then only to censure one-half of the offending couple—the woman—furthers the uncertainty and confusion in relation to society's standards.

The emphasis on material success and what Vincent [1] calls "fun morality," and the tensions and uncertainty in the world intensify the problems of adolescents who are struggling to achieve a sense of self and to incorporate society's values.[2-4] Any effort to prevent illegitimacy among adolescents therefore must also take into account the exacerbation of personality problems during this period, and the normal struggle of adolescents to delineate and become identified with their social milieu.

Socioeconomic Class Factors

There have been attempts to apply cultural and historical concepts to the understanding of the disproportionately high incidence of illegitimacy among Negroes. These efforts have not to date substantially contributed to efforts to prevent this problem, for they have not expanded knowledge in a systematic, scientific manner. They have failed to cope with problems arising from the incompleteness of knowledge about what is cultural, reliance on "folklore," and the effects on the concepts of the values and prejudices of the research workers themselves. They have instead led to the use of generalizations, stereotypes, and questionable assumptions in a rigid, restrictive way.

This has been particularly true in regard to attempts to understand family structure and family life among Negro families of low socioeconomic status and their attitudes about illegitimacy. High illegitimacy rates among Negroes have often been explained as a carryover from the matriarchal family pattern which was maintained by the system of slavery. New insights into the variables affecting the styles of Negro life focus attention on the probable impact of urbanization, acculturation to the dominant group, upward mobility, and the cumu-

lative effects of social and economic deprivation upon individual adjustment and patterns of family life. Study of such factors could provide a framework within which the variations and inconsistencies could be systematically considered. The family—its significance and functions in American society—is a complex phenomenon among low-income Negroes as well as among middle-class whites.

It is often maintained that among Negroes of the lower socioeconomic class, illegitimacy is accepted, moral laxness exists, and the prevailing standards of society are not accepted. The work of Davis,[6] Swanson and Miller,[6] Sister Woods,[7] and others on the implications of social class for child rearing point up the conflicts and confusion in goals and values among many sectors of the American community. The study of the cumulative effects of economic and social deprivation and the isolation and alienation of members of a minority group from the dominant society would seem to be a prerequisite for an objective, systematic inquiry into the salient attitudes, values, and behavior among Negroes of the lower socioeconomic class and their relationship to the high incidence of illegitimacy in this group.

Hylan Lewis, as a result of studying a group of low-income families, has observed that no single or simple value or attitude seemed to be operative in instances of birth out of wedlock: "Birth in wedlock is an important value; it might be preempted by another important value, or its realization thwarted by practical considerations. . . ." [8]

Role theory, theories relating to anomie and a delinquent subculture, and small group theory can help to broaden and deepen our understanding of the variations within a culture, but Negro culture, as Myrdal stated, "must be seen as basically American." [9] Since society has tended systematically to relegate the Negro to the lowest status in the community, the preponderance of social problems among Negroes can be seen as a "distorted development and as a pathological condition of the general American culture." [9]

Bases for Prevention

By devoting systematic attention to the sociocultural milieu and the implications of group membership, ethnic background, family roles, child-rearing patterns, life goals and attitudes, and the social sources of strain and pressure, a basis for preventive approaches can be elaborated. Nevertheless, no matter how complete the sociocultural understanding, the individual component remains to be coped with, for, as Viola Bernard has pointed out, the meaning of the experience of unmarried motherhood, causes leading up to it, and reactions to it differ so widely among the women who are involved "that individualizing is essential in any approach to the needs of this group." [10]

No one drastic action is likely to mitigate a problem as complex as unmarried parenthood. Community efforts toward prevention, to be effective, must be directed toward the broad social, economic, moral, and psychological problems of which illegitimacy may be a symptom. These efforts are most likely to succeed if developed within the framework of a sound health and welfare program focused on the strengthening of family life and concerned with social action to assure such basic necessities as adequate housing, education, and job and social opportunities for all. The provision of adequate social services to unmarried parents and their children is also an important preventive effort. Repetitive patterns of illegitimacy from generation to generation among families—as among some Negro families—may well be a reflection of the community's failure to provide casework and other services to the mothers at the time of their first pregnancies and adoptive and other resources for their children. A concerned, representative community leadership is, of course, a prerequisite for an effective attack on the problem.

Services for Unmarried Parents

Since the provision of adequate services for unmarried parents is essential to the prevention of further illegitimacy, a good start in the development of a preventive program would be the outlining of a clear statement of the community's specific responsibilities in relation to unmarried mothers and their children and a look at this in regard to what the community is providing.[11] This statement would be concerned not only with specific services but also with the legal structure under which they are provided—laws relating to eligibility for services, the care and protection of children, standards for licensing facilities, school attendance, and the like. The statement would of course be concerned with the range, nature, and quality of the direct services needed by unmarried mothers and their children, as well as by unmarried fathers.

Equally basic are the structure and relationships of the services. A sound structure makes it possible for an unmarried parent to be served in terms of her needs rather than in terms of the limits of agency function and the hazards of intake policies. It also

provides for casefinding. Unmarried parents in particular are often deterred from using needed resources because their feelings about pregnancy may intensify their customary reluctance to seek help.

Community Participation

A broad program of prevention to be effective must include the participation of all sectors of the community—the professional including legal, religious, and school personnel, as well as social workers, doctors, and nurses—representatives of community organizations and parents and teenagers. Its form may vary, according to community needs, from collaboration on specific projects to formal organizational relationships. In any event, its activities should proceed from a common understanding of the objectives of health and welfare services in general and of the services specifically designed for unmarried parents; and on the basis of accurate information about the extent and nature of the needs, the effectiveness of existing services in meeting the needs, the gaps in services, and projections for the expansion of services. Its functioning will require a free and reciprocal flow of communication within both the professional and lay communities, and across all sections of the community; and the development or identification of a mechanism to assume leadership in interpreting the program to the community; to settle questions of social and professional policies; and to move toward the improvement of the community's health, welfare, educational, and employment services, the establishment of new services, the coordination of services, and the assessment of programs in relation to changing needs.

Because of the difficulties faced by unmarried parents and their children, the persistence of moral, subjective, and punitive attitudes toward them, and the tendency to look for single causes and simple solutions, it is not easy to establish a common approach to the problem of illegitimacy. The initiators of a preventive program, therefore, need to develop techniques which can bring those whose concern stems from various points of view and positions into a common frame of reference. While fragmented approaches can lead to dead ends, progress to an overall goal cannot be pushed without the growth of understanding. Many people can grow in their understanding of the difficulties faced by unmarried parents and the interrelationships between their problems and the broader health and welfare problems of the community by participation in one phase of the program. Others will need time to work out the irrational feelings and prejudices which tend to limit their understanding. The broadening of knowledge through factfinding as well as the broadening of experience through participation in a community program may be more effective in modifying attitudes than lectures and debates.

The taxpayer will learn the value of spending his dollar on prevention if he is given conclusive evidence that pennypinching in the long run is costly. He may also learn that casefinding of persons in difficulties is not stirring up "unnecessary trouble," or undermining the concept of self-dependence and individual motivation, but, rather, an economical, constructive aspect of sound community planning. Staffs and boards of established services may also have to learn to evaluate their activities in relation to the changing dimensions of the problem. Professional and lay people alike may need to do some rethinking and retooling.

A Suburban Example

For example, in a middle-class suburb of a large city a newly assigned high school counselor was struck by the lack of opportunity to discuss the problems of young people with representatives of the appropriate community organizations. The leaders of the community, proud of its high standard of living and wide range of community facilities, assumed that the needs of its youth were being met adequately and denied the existence of any problems. However, the counselor learned through the public health nurse that 14 girls out of 200 in the senior class had left school before graduation due to out-of-wedlock pregnancy. In all but two cases, the families had moved "for business reasons" to another community, or a hasty marriage had taken place, with the young couple moving elsewhere.

Such obvious and "easy" solutions very often create additional problems. A teenage unmarried mother might well find it almost impossible to resolve the burdensome guilt feelings about being responsible for the disruption of her family's life, and the resultant strain and tension could interfere with her educational and social adjustment. There is evidence that hasty, and especially "forced," teenage marriages are not stable and frequently end in divorce. Casework agencies have found that young unmarried mothers who have surrendered their babies for adoption unwillingly often have difficulties in their later personal adjustment and relationships. In this community the school guidance counselor is continuing in her efforts to persuade the com-

munity to develop the flexible, coordinated services to help meet this still "hidden" problem. These would include a program of family life education, a family counseling service, and specialized services for the unmarried mother and her child.

In some communities the fear of loss of function and status on the part of some agencies may block thoughtful study of community needs.

Difficulties in establishing interprofessional collaboration also often have to be dealt with. The traditional hierarchy of professional status and state of professional knowledge are some of the factors that contribute to the problem. Because of the importance of the first contact with the unmarried mother, no matter what type of agency or profession she first turns to for help, interprofessional, interagency collaboration must be developed.

There are many forms that such collaboration can take. One is the inclusion of physicians, attorneys, clergymen, and school personnel on statewide advisory committees to the public welfare agencies. In many communities across the country, councils of social agencies have assumed leadership in this direction through the establishment of interprofessional committees on unmarried mothers and on adoption and through the sponsorship of interprofessional conferences and research. The committees, however, are necessarily concerned with secondary prevention—services to unmarried mothers—rather than with the broader, more elusive problem of primary prevention.

A Case Study in Prevention

A creative aproach to the primary prevention of illegitimacy took place in New York City's Harlem last year as a demonstration project under the leadership of the Community Services Committee of the Urban League of Greater New York. Conceived as a method of helping teenagers and their parents understand the "facts of life," the program was based on the premise that unmarried parenthood is not an ethnic problem nor a question of immorality, but a reflection of basic defects and inequalities in community living. Harlem is an area of widespread health and welfare problems and inadequacy of services—in regard to both quality and quantity. Serious problems in the personality development and social adjustment of youth are reflected in learning difficulties, high school dropout rates, socially destructive behavior, and a high rate of illegitimacy.

The Community Services Committee, composed of professional and lay leaders, was established in 1958 as a result of informal discussions of the illegitimacy problem and the need for additional adoptive resources. Its members included two principals from neighborhood junior high schools, a clergyman, an attorney, two physicians, an administrator of the local public assistance office, a medical social worker from the public health department, a psychiatric social worker from the public mental health agency, a hospital social service director, a dentist, a nurse, a number of social workers from voluntary agencies, parents, and several young people. The group decided to focus on an area within a 10-block radius of the Urban League office.

A "family institute" was planned on the theme "Problems of Urban Life." Four open sessions were held on consecutive Sunday evenings in a local church. In addition, members of the committee met with the editor of a local newspaper and planned a series of articles on Harlem family life for the paper. The committee members produced articles on the home, school, recreation, family activities, health maintenance, mental health, working mothers, religion in the family, and child care.

The committee next decided to focus on social-sex education for preteen and teenaged young people. The basic assumptions were that ignorance of life on the part of teenagers and their parents thwarts development of a stable family life, and that the lack of sex information on the part of teenagers and the reluctance of parents and other adults to discuss sex with them were contributing factors in illegitimacy.

The program was planned *with* the help of the young people themselves. The principals and guidance counselors of the junior high schools (each with 1,500 pupils) asked the students to put what questions they had about relations between the sexes into a question box in the school without signing their names. The questions received ranged from normal adolescent worries about boy-girl relationships, such as how to overcome shyness, to questions involving such serious problems as how to cope with the possibilities of rape, homosexual advances, and incest. Other questions were: "Why do adults think it is bad for teenagers to have intercourse?" "Why are there so many pregnancies among teenagers in our community?" and "Why do older men bother young girls?"

On the basis of the student's questions, an all-day "Facts of Life Conference" was planned. Individual invitations, with a R.S.V.P. form attached, were extended to students selected by the school guidance counselors and also to their parents. A "come-on"

was a free lunch for all participants, provided for by members of a Masonic lodge.

The conference, which was held on a Saturday in the local Masonic temple, was attended by 120 girls, 60 boys, and 70 parents. It began with the showing of a film, "Social-Sex Attitudes in Adolescence," which was followed by discussion led by a skilled group leader. Then a panel consisting of a physician, a psychologist, a minister, a parent, and a teenager commented on the questions which had been submitted by the young people. After the panel discussion, the conferees were assigned to "buzz groups" of 10 each, the boys and girls in separate groups. Sixty volunteers from social agencies and other community services, who had participated in a training session prepared by the committee, served as leaders of the group discussions. A doctor, an attorney, and a family counselor served as technical consultants to the groups. The arrangements allowed for anyone wishing to make an appointment with an agency to do so in privacy.

The conference planning committee included representatives of a wide variety of local groups, assisted by the Urban League staff. Pertinent literature, obtained from business firms, health and welfare agencies, and insurance companies, was distributed. Radio, press, and television coverage was excellent, and conference participants later appeared on local radio programs.

After the conference the Community Services Committee met frequently to relate its ongoing program to the needs which the parents and teenagers had expressed. There were three subsequent conferences the next year, each incorporating some of the main features of the first. Meaningful contacts were established and maintained with previously unreached parents and teenagers.

Followup activities included a meeting with representatives of local social agencies and the preparation of a report—"Gaps in Services—Your Agency's Role." The Protestant Council and the Center for Human Relations of New York University acceded to a request from the committee to study social service needs in Harlem. The board of education has approved the proposal for increased guidance and social service staffs in each of the junior high schools which were part of this program, but staff has not yet been assigned.

How can we measure the manifold implications of such a program? The answer is that we cannot. Nevertheless, it is hard to believe that this program has not been a positive force in the lives of at least some of the individuals it has touched. It is, of course, only a fraction of the effort needed to improve the chances for a good quality of life for the young people of an area notorious for its overcrowding, lack of opportunities, and inadequacy of services.

Any vital program to prevent illegitimacy necessarily goes beyond the form and content of the usual community services, and draws in the interest and participation of every section of the community, including its young people and their parents. The fear of focusing on a subject which often arouses indignation and vindictiveness must give way to the salient issues involved. These will vary in kind and degree with different communities, thus requiring differences of emphasis in the formula of attack. But any formula must include at least some measure of the same basic ingredients: a program of family life education to reach parents as well as youth; social action to improve living conditions and opportunities in the community; and the closing of all gaps in the community's social and health services.

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BOOK NOTES

THE GROWING YEARS—ADOLESCENCE: a forward look at meeting the health, physical education, and recreation needs of adolescent boys and girls. Ann E. Jewett and Clyde Knapp, editors. American Association for Health, Physical Education, and Recreation. National Education Association, Washington, D.C. 1962. 320 pp. $5.

The 19 chapters of this volume present discussions of a broad variety of topics, including the physiology of adolescence, the socialization of youth, health and safety problems, the junior and senior high schools, vocational and nutritional guidance, sports and physical skills, education for leisure, and home and community centered recreation.

The majority of the discussions, written by specialists from the fields of health, education, and recreation, present an assessment of the various programs reviewed as well as brief analyses of the significant problem areas. In many chapters unmet needs are also delineated.

Chapter 19, "Future Programs," presents a series of 11 short statements by authorities and program innovators in the various fields, outlining some predictions and proposals concerning the future of American youth.

PLANNING AND OPERATING FACILITIES FOR CRIPPLED CHILDREN. W.B. Schoenbohm. Charles C Thomas, Springfield, Ill. 1962. 312 pp. $11.50.

Ramps with floors of nonskid, soft material, recessed hall fountains, and shower stalls equipped with chairs are part of the harvest of ideas offered in this manual that gives practical advice and information to those planning for and working with crippled children. Drawing on 24 years' experience with programs and facilities for such children, the author tries to anticipate the pitfalls, dilemmas, and needs confronting people in this work.

Five chapters each are devoted to three major types of facilities: the hospital-school giving care, education, and treatment; the nonresidential educational and treatment facility including special classrooms and public school units; and the residential camp. In a summary, the author, who is executive director of the Minnesota Society for Crippled Children and Adults, compares the developing of facilities and programs for handicapped children to "a thermometer which registers the degree of a people's concern for all of their children and their problems."

PROCEDURE AND EVIDENCE IN THE JUVENILE COURT. Advisory Council of Judges of the National Council on Crime and Delinquency, 44 East 23d Street, New York 10. 1962. 84 pp. $2.50.

Whether or not the "quantum of proof" for the community to take action against a child offender—through the juvenile courts—should be based on a "preponderance of evidence" or upon "clear, convincing proof" is among the issues pondered in this handbook for juvenile court judges and others whose work concerns juvenile or family courts.

After outlining basic principles of justice in the juvenile court as a blend of law and social work, the chapters turn to consideration of procedures, beginning with petition and notice to child and family, the legal aspects of the court hearing, the right to counsel, and the court's responsibility for providing it.

PSYCHOLOGICAL DIFFERENTIATION. Herman A. Witkin, Ruth B. Dyk, Hanna F. Faterson, Donald R. Goodenough, and Stephen A. Karp. John Wiley & Sons, New York. 1962. 418 pp. $7.95.

In their search for answers to the question of why individuals differ in the pace and direction of psychological growth, the authors, faculty members of the Department of Psychiatry of the State University of New York, College of Medicine, New York City, conducted a series of studies on children, which they report in this book. The investigators based their work on the theory that the child grows psychologically partly by progressing from the global, unarticulated way of experiencing that is characteristic of infants, towards being able, increasingly, to distinguish objects from their contexts or fields. The authors explain how this progress in differentiation, or towards "field-independence," helps strengthen a person's sense of self-identity and helps develop his controls and defenses; they also theorize that different people achieve various levels of differentiation, the level achieved in turn affecting the way the person approaches life.

The authors draw on their own and others' research to identify some common attributes of persons with field-dependent and of those with field-independent "styles of life"—finding the former more likely than the latter to change their opinions in line with those of authority, to excel in verbal skills, and to have difficulty in overcoming the influence of surroundings.

The first group of studies assay the validity and interrelationships of some "indicators" of differentiation level. The book also reports on studies seeking sources of individual differences in level of differentiation, within the individual's constitution and in his early life experiences.

SO YOU WANT TO BE A SOCIAL WORKER. Helen Harris Perlman. Harper & Bros., New York. 1962. 173 pp. $3.50.

This career explaining book opens with three dramatic narratives depicting a typical day's work of the social group worker in a neighborhood center, a social caseworker in a family service agency, and a community organizer on the staff of a welfare council.

The bulk of the book's seven chapters explains what social work is concerned with—"enabling people, singly or in groups, to work and love and live together in ways that build their sense of dignity and social responsibility"—the variety of social problems with which social workers deal; the methods common to all types of social work; and the types of agencies through which social workers function.

IN THE JOURNALS

Physician and Social Worker

In the January 1963 issue of *Social Work*, Morris A. Wessel, associate clinical professor of pediatrics at Yale University School of Medicine, calls for better communication and tolerance between physicians and social workers in their work with unmarried mothers. ("The Unmarried Mother: A Social Work-Medical Responsibility.") The author describes the expectations of a physician from a social worker to whom he referred an unmarried mother for social service, his confusion when social work practice demands that the worker act differently from the way a physician would, and his consternation when the patient after receiving social casework help changes her mind about adoption.

Commenting that the physician may be struggling with his own subjective attitudes and probably does not have the kind of specialized knowledge that makes his patient's behavior understandable to the social worker, the author advises social workers to empathize with their medical colleagues and give them a feeling of worth, as social workers are trained to do for their clients. The practice in some social agencies which serve unmarried mothers of adding pediatric, obstretric, and psychiatric consultants to their staffs can be a learning experience for social workers and physicians, he observes.

The Culturally Deprived

Schools in our highly urbanized society tend to perpetuate social class differences which inhibit learning opportunities among the children of underprivileged groups, charges Delmo Della-Dora, deputy superintendent of the Wayne County (Detroit) Board of Education, in *Exceptional Children* for January 1963. ("The Culturally Disadvantaged: Further Observations.") Citing evidence indicating that residential patterns in large cities and attitudes of middle-class teachers tend to isolate the socially deprived from opportunities for cultural stimulation, the author makes a number of suggestions for creating a more favorable atmosphere for learning among deprived groups.

He urges coordinated efforts for community improvement among all agencies affecting community life, direct teaching aimed at changing the negative self-concepts of deprived pupils and parents, and self-studies in the schools of the impact of social class differences on students and teachers. The schools, he maintains, should be among the agents of changes needed to improve the democratic quality of living.

Combined Care

Psychosocial problems predominate over medical problems among the patients in the welfare medical care project of the New York Hospital-Cornell Medical Center, according to observations of the project's social service coordinator and its director reported in January 1963 the *Social Casework*. ("Co-ordinated Medical Care for Public Welfare Clients: Implications for Medical Social Work Practice," by Margaret A. Dennis and Charles C. Goodrich.) The article discusses some social work aspects of the 5-year project begun in 1960 to demonstrate the provision through a voluntary hospital of comprehensive, continuous, and coordinated medical care to recipients of public assistance. With funds provided by the New York City Department of Health, the project offers such care to 1,000 families placed on the public assistance rolls at an east mid-Manhattan center of the New York City Department of Welfare during one year.

Through the medium of a case history, the article illustrates the kinds of human problems encountered in this type of project and how events precipitated by personnel changes or communication failures, for example, can heighten anxiety among patients who are on the relief rolls.

Among some questions the authors find raised by the project are: Should a hospital social service department become, in essence, a family agency for patients served in a comprehensive care program? Should a public welfare agency try to give family casework services to clients in a medical care program in which social work services are available? Should there be a public agency to provide comprehensive medical care services to low-income families? How can social services be provided best to former public welfare clients when they are no longer receiving financial assistance?

A Matter of Perspective

The concept of social values is the key to parental child-rearing practices, according to a sociologist on the staff of the National Institute of Mental Health writing in the January 1963 issue of the *American Journal of Sociology*. ("Social Class and Parent-Child Relationships: An Interpretation," by Melvin L. Kohn.) He contrasts some values of the middle class—white collar workers and professional people—with those of the "working class"—skilled and unskilled manual workers. For example, middle-class parents value curiosity, happiness, consideration, and self-control in their children; working class parents, obedience, neatness, and cleanliness.

To explain these differences, the author discusses the complex process of value formation, emphasizing the elusive influences within the conditions of life of each class. More stable, higher levels of income, he points out, allow middle-class parents to take respectability more for granted than can many working class parents, and hence to concentrate on feelings rather than actions. Among his other points is that middle-class occupations deal more with the manipulation of interpersonal relations than with things; and they often call for independent action. Therefore, the middle-class person must depend more on self-direction, while manual workers, who must follow explicit rules set down by someone else in authority, must build up a respect for authority. These differences, he suggests, explain why middle-class parents look for a child's intent and feelings about what he does, while working class parents are concerned more about the child's act.

Tracing some of the consequences of these value differences, the author notes that middle-class parents are generally

more supportive of children and show less difference between roles of mother and father; working class parents are often more constraining, with the mother tending to be more supportive than the father.

Family-Centered Nursing

An attempt to evaluate the effectiveness of a family-centered public health nursing service is described in the January 1963 issue of *Nursing Outlook* by three staff members of the Community Service Society of New York ("Evaluating Public Health Nursing Service to the Maternity Patient and Her Family," by Ann W. Shyne, director of the society's Center for Social Casework Research; Aline F. LeMat, director of its public health nursing projects; and Leonard S. Kogan, director of its Institute of Welfare Research.)

Under the projects the continuous service was given in the home until 6 months after delivery to 80 patients who had registered for prenatal care at a large public hospital.

Evaluation was made on the basis of a followup interview conducted 6 months after delivery with the patient by a nurse previously unacquainted with the patient or her family. Similar followup interviews were held with patients who did not receive the specialized service.

The authors report that when before-and-after judgments of each family's health condition were compared, greater gains were found in three areas among the patients who received special services than among those in the control group. These were: (1) the general physical condition of the maternity patient herself; (2) her physical and psychological readiness for delivery; and (3) the family's nutritional practices. But they also report that the difference in improvement in health knowledge and practice between the two groups was not appreciable.

The authors maintain that the results of the project indicate "the desirability of a family-centered public health nursing service as a supplement to the usual community health services available to maternity patients."

Guides and Reports

CASEWORK WITH ADOLESCENTS: 50th Anniversary Institute on Adolescence, May 1961. Scholarship and Guidance Association, 205 West Wacker Drive, Chicago 6, Ill. 1962. 18 pp. $1.50 (mimeographed). (See p. 194.) Two additional papers on adolescence by association staff members, 25 cents each (mimeographed).

The institute proceedings contains three papers: "Character Disorders in Adolescents," by M. A. Sklansky, M.D.; "The Psychodynamics of the Initial Phases of Treatment With Adolescents," by Solomon O. Lichter; "Serious School Malfunctioning," by Elsie Rapien and Frances Seibert. The other papers consist of one on the character of the adolescent ego by Dr. Sklansky, and one by Dr. Sklansky and Dr. Lichter on impulse experience and control in adolescence.

SERVICES FOR CHILDREN WITH ORTHOPEDIC HANDICAPS; a guide for public health personnel. Committee on Child Health, American Public Health Association, 1790 Broadway, New York 19. 1962. 128 pp. $2.50. Less in quantity.

This 11th in a series of guides to the organization and administration of services for children with specific handicapping conditions is concerned with children having single types of orthopedic disabilities. Outlining the nature and causes of orthopedic conditions, it suggests methods of prevention, and discusses casefinding, rehabilitation, the provision of special services and facilities, and the organization of community resources.

PROTECTING THE BATTERED CHILD. Edgar J. Merrill, Irving Kaufman, Philip R. Dodge, and Arthur E. Schoepfer. Children's Division, The American Humane Association, 896 Pennsylvania Street, Denver 3, Colo. 1962. 30 pp. 35 cents.

Contains four papers presented at the 1962 National Conference on Social Welfare, discussing the problem of parental abuse of children from the viewpoint of social work, psychiatry, medicine, and the law. One of the papers reports on a 1960 statewide study of child abuse undertaken by a child protective agency, citing three case illustrations and disclosing identifiable characteristics and personality traits of the families involved.

THE PREPARATION AND THE ROLE OF NURSES IN SCHOOL HEALTH PROGRAMS; guidelines for the use of administrators, educators, and students. Helen Goodale Florentine. National League for Nursing, Department of Baccalaureate and Higher Degree Programs, 10 Columbus Circle, New York 19. 1962. 29 pp. $1.

The five areas chosen for exploration in this guide are: (1) the application of concepts of human growth, development, and behavior; (2) the prevention, detection, and treatment of students' developmental and health needs; (3) working with existing community agencies to spot gaps in needed services; (4) understanding the educational setting; and (5) the use of processes appropriate to the situation.

CRITERIA FOR THE DIFFERENTIAL USE OF TREATMENT SETTINGS FOR CHILDREN WITH EMOTIONAL DISORDERS. Child Welfare League of America, 44 East 23d Street, New York 10. 1962. 28 pp. 90 cents.

The monograph includes four papers by officials of various treatment and rehabilitative settings for emotionally disturbed children—a closed facility for children at a State hospital; a voluntary psychiatric hospital for children; an open-type residential treatment center; and a day treatment center. A summary points to the need for establishing a broad range of coordinated programs of services for mentally ill children as well as for expanding knowledge on treatability.

HERE AND THERE

For the World's Children

About 75 social work administrators, educators, and practitioners from the United States and Canada attended a seminar on "Planning for the World's Children" held at the United Nations in New York, January 17–18, to discuss the potentials of social work in current international efforts to improve the lot of children. The meeting was held under the auspices of the National Association of Social Workers and the Canadian Association of Social Workers, in cooperation with the United Nations Children's Fund (UNICEF).

Addresses by Maurice Pate, executive director of UNICEF, Zena Harman, chairman of the program committee of UNICEF's executive board, Julia Henderson, director of the United Nations Bureau of Social Affairs, and Fred Delli Quadri, U.S. representative to UNICEF, put the focus on the lessons being learned in UNICEF's own expanding social service program, especially on the need for what Mrs. Harman called "action-oriented rather than therapy-oriented social work" and for built-in flexibility. Miss Henderson stressed the importance of data on a country's economic and human resources in planning to help a country meet its social needs.

In four simultaneous work groups the seminar's participants discussed problems of international social work. Some points they emphasized:

- Social work programs can only be effective if governments are convinced that the welfare of children is inextricably tied up with raising the standard of living.
- The social worker in another country must look for strengths within the local culture and work within them rather than superimpose patterns derived from conditions elsewhere, and must "start with people at their starting point." This requires humility, flexibility, resourcefulness, and sensitivity to the bonds which have helped the local culture to survive.
- In helping a government appraise its social needs and develop a sound social policy, the social worker must be alert to the possibilities of developing new kinds of services, of using available resources such as volunteer groups, and of achieving support for protective legislation. Success requires "getting feet in the mud" in addition to writing reports to government officials.
- Among the familiar services that can cushion children and their families in developing countries from the impact of shattering social changes are: day care, family counseling, institutional care, homemaker services, vocational services for youth, and probation work.
- Help in the development of social work training is one of the major contributions that can be made through an international program.
- North American schools of social work can contribute to international social work by placing greater emphasis on the study of other cultures, and the provision of field experience in a variety of cultural settings, especially where resources are extremely limited. Also valuable would be periodic refresher courses for social workers employed abroad.

Throughout the discussion the participants called for more dedication by the profession of social work in North America to the application of its skills to meet the needs of children in other parts of the world. Out of such efforts, it was pointed out, could come enrichment of the profession through deepened understanding, broader perspective, and fresh ideas.

—ELEONORA CHATTY

Mental Health

The competing demands of service needs versus training needs in relation to child psychiatry received considerable attention at a conference on training in child psychiatry in Washington, D.C., January 10–15. Held under the auspices of the American Psychiatric Association and the American Academy of Child Psychiatry, with funds from the National Institute of Mental Health, Public Health Service, the conference was attended by approximately 60 psychiatrists. Chairmen for the conference were Drs. Reginald Lourie, representing the American Psychiatric Association, and Athilda Krug, for the American Academy of Child Psychiatry.

The discussions proceeded from a number of working papers covering four main topics: (1) history, development, and present status of training in child psychiatry; (2) training needs in relation to the actual functioning of child psychiatrists in a variety of settings; (3) the content of training in child psychiatry; and (4) methodology and setting for training in child psychiatry.

Understanding principles of child development was recognized as basic to the training of child psychiatrists, and some pediatric training as useful. Some participants expressed discouragement about the possibilities for primary prevention of mental and emotion illness in view of the paucity of knowledge of causes; others, however, urged that what is already known about prevention be applied while efforts to find out more are continued. There was agreement that more research in child psychiatry was needed.

Out of the discussions emerged the suggestion for a survey of mental illness among children similar to the study of the Joint Commission on Mental Illness and Health.

A volume of the conference proceedings, including the recommendations, is to be published in the near future by the American Psychiatric Association.

National Service Corps

On January 14, President Kennedy in his state of the Union message proposed the formation of a corps of volunteers along the lines of the Peace Corps for service to communities in this country. The proposal was based on recommendations made by the President's Study Group on National Voluntary Services in its report which was released to the public in late January.

The 11-member study group, composed of heads of Federal departments and independent agencies concerned with domestic affairs, with the Attorney General as chairman, was appointed late last year to gauge the feasibility of a national service program. It proposed that the President ask for congressional authority to create the service as an independent agency, with advisory assistance from public and private groups.

As described in the study group's re-

port, the domestic volunteer corps would work in such places as mental hospitals, on Indian reservations, in understaffed schools, in centers for the aged, or in institutions for young delinquents. Its purpose would be to act as a fuse to set off powerful local attacks on local problems, releasing the "incalculable energy of volunteer service by motivating more and more people to give some of their time in the interest of human welfare."

While the report recognizes that volunteer service cannot solve the major problems of unmet human needs in this country and of severe shortages in the helping professions, it suggests that volunteers can "enrich the lives of culturally deprived families by helping them to become integral participants in community life," and enable professional persons to perform at optimum levels by releasing them from nonprofessional duties. Many young volunteers, it suggests, might by such service be influenced to choose a career in one of the undermanned fields of service.

The report recommends that the volunteers be at least 21 years of age, suggesting college students and retired persons as the most likely sources of recruitment. It suggests that the program be launched in midsummer, with 200 to 500 volunteers whose ranks would expand to 1,000 during the first year and to 5,000 in 3 years. According to its recommendations, volunteers would be selected according to Peace Corps standards, and be trained for specific jobs in schools, recreation programs, day care and other welfare services, and rural and urban renewal projects. They would serve 1 year, be allowed to re-enlist for another year, and would receive minimal living allowances and nominal termination pay. They would go where invited and be used under the direction of local leaders.

In its explorations the study group encountered many proposals for the use of corpsmen, five of which are described in its report. These include proposals to use volunteers: in the New York City public school system to work with underachieving and gifted children as well as with school dropouts; in Massachusetts as aids in institutions for the mentally ill and mentally retarded; in California to help extend a program of health, welfare, and educational services to migrant farm families; in Kentucky to work in adult education and town redevelopment projects; and in South Dakota to work with the Oglala Sioux tribe in community improvement projects on the Pine Ridge Reservation.

In his state of the Union message, the President also proposed the establishment of a youth conservation corps to be composed of young people between 16 and 21 years of age, which would have as its primary purpose providing young people who are out of school with constructive employment.

Infant Mortality

Among 10 of the Nation's cities with the largest number of live births in 1960, only one, Los Angeles, had a rate of infant deaths lower than the rate of 26 per 1,000 live births registered for the country as a whole in that year according to analyses by the Children's Bureau of data provided by the National Vital Statistics Division, Public Health Service. The data show that 5 years earlier 2 of these cities had infant mortality rates lower than the rate for the Nation as a whole—26.4 per 1,000 live births; and that in 1950, the rates of 8 of the cities were below the national infant mortality rate of 29.2 deaths per 1,000 live births. The cities included in the comparison in addition to Los Angeles were New York, Chicago, Philadelphia, Detroit, Baltimore, Cleveland, Houston, Washington, D.C., and St. Louis. In each of the 10 cities, the death rate was notably higher for nonwhite infants than for white, as it was for the Nation as a whole.

The 1960 infant death rate was slightly lower than the 26.4 rate for 1959, representing a saving of more than 1,500 babies. However, for the country as a whole, the rate for whites decreased 14.6 percent in the period 1950 to 1960—from 26.8 to 22.9—and for nonwhites only 2.9 percent, although the rates for nonwhite infants were much higher, 44.5 in 1950 and 43.2 in 1960. The infant mortality rate for metropolitan counties fell more slowly than that for nonmetropolitan counties, most of the improvement in the rate for both occurring during the first half of the decade.

The infant mortality rates in the individual States in 1960 range from the low of 19.6 for Utah to a high of 41.6 for Mississippi. The rate for the United States as a whole still ranks 10th from the lowest rate among countries of over 300,000 population, with reporting relatively complete and based on internationally accepted definitions. (See CHILDREN, September–October 1962, p. 201.)

Health Research

An institute to conduct research in aphasia in children was set up last fall at the Medical Center of Stanford University, with an initial grant of $22,200 from the Scottish Rite Foundation of California.

The center diagnoses and evaluates a limited number of children up to age 13, brought to the center because, in spite of otherwise normal intelligence, they have been unable to learn to speak or read and write. The evaluation, lasting 3 to 10 days, is carried out by a team of pediatrician, neurologist, and psychologist, and speech and hearing specialists. After screening, 10 to 15 preschool children whose condition has been determined to be the result of neurological difficulties were to be trained for 1 to 3 years.

The specific goals of the project include developing special techniques to teach aphasic children to speak and understand language and pinpointing the learning problems associated with brain injury. It will train teachers and speech therapists to work with aphasic children. It will also provide counseling and guidance for parents of children who cannot be accepted for training, referring them to other agencies.

Director of the project is Dr. Jon Eisenson, on leave as director of the speech clinic at Queens College, New York City. The new institute, to be known as the Scottish Rite Institute for Childhood Aphasia, was established under the auspices of the School of Medicine's Division of Speech Pathology and Audiology.

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A 7-year interdisciplinary project of research in cleft palate got underway last September at the University of Pittsburgh following a grant of $295,669 from the National Institute of Dental Research, Public Health Service, for the first year of operation. Amounts of grants for subsequent years will be determined later.

The project's research team, expected to total 20 members the first year, includes oral and plastic surgeons, orthodontists, prosthodontists, pedodontists, pediatricians, oral and speech pathol-

ogists, and a morphologist, an otologist, a social worker, a psychologist, and a psychiatrist. Project plans call for investigating the growth and development of oral structures; problems of impaired speech in cleft-palate children; surgical and dental rehabilitation; and mental and emotional development of children with cleft palates and the effects upon the family. Dr. Edward J. Forrest, Dean, School of Dentistry, is chairman of the administrative committee.

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The isolation and identification of the virus that causes German measles were reported in late 1962 by Public Health Service scientists at the National Institute of Neurological Diseases and Blindness and the National Institute of Allergy and Infectious Diseases. The scientists isolated the virus from over 82 percent of a series of patients with rubella composed of Army recruits and children. Their investigations confirm and extend work carried out by the Walter Reed Army Institute of Research which in March 1962 reported isolation of the virus.

The Walter Reed studies had detected the virus in tissue culture by its blocking of another virus infection, findings which led to the development of a susceptibility test for German measles reported last fall. Independently and simultaneously, the same virus that was isolated at Walter Reed was uncovered in the laboratories of the Harvard School of Public Health. The virus when frozen remains viable for a year or more. It is resistant to a number of antibiotics.

The isolation and identification of the rubella virus, according to the National Institutes of Health investigators, represent a major stride toward development of a preventive vaccine sought especially to protect pregnant women from developing the disease. Studies have indicated that birth defects occur in some 50 percent of liveborn babies whose mothers had rubella during the first month of pregnancy and in about 20 percent of infants whose mothers had the disease during the first trimester.

NEW WELFARE ADMINISTRATION

On January 28, the major welfare programs of the Department of Health, Education, and Welfare were brought under a newly established Welfare Administration. Dr. Ellen Winston, for 18 years commissioner of public welfare for North Carolina, was sworn in as the Federal Government's first Commissioner of Welfare and as such will head the new agency.

The Welfare Administration includes the Children's Bureau, the Bureau of Family Services, and the Cuban Refugee Program—all previously under the Social Security Administration. Its other components, which formerly reported directly to the Secretary of Health, Education, and Welfare, are the Department's Office of Aging (formerly the Special Staff on Aging), and the Office of Juvenile Delinquency and Youth Development (formerly the Office of the Special Assistant to the Secretary for Juvenile Delinquency). On the same date, the Office of Vocation Rehabilitation became the Vocational Rehabilitation Administration, with Mary Switzer, the former Director, as Commissioner.

Robert M. Ball, Commissioner of Social Security, continues as head of the Social Security Administration. The Office of the Commissioner of the Social Security Administration will absorb the staff and functions of the Director's office of the former Bureau of Old-Age and Survivors Insurance. The divisions of the former bureau will become divisions of the Social Security Administration and report directly to the Commissioner. Other units of SSA will be: the Bureau of Hearings and Appeals and the Bureau of Federal Credit Unions.

Dr. Ellen Winston

"Goals for this new Welfare Administration, dedicated as it is to preventive and rehabilitative services, must be clearly defined and stated again and again," said Dr. Winston at her swearing-in ceremony. "Success in their attainment will be measured by the opportunities given to children to rise above the handicaps of deprivation and neglect, to the disabled fully to utilize their capabilities, to the ill to receive needed treatment, to the aged in all walks of life to live without fear or loneliness, to families to obtain needed help and guidance in resolving a wide range of special problems, to untold numbers to be spared dire poverty and personal disaster through effective preventive measures."

Youth Employment

A four-pronged drive to cut the school dropout rate among District of Columbia youth was launched by the area's school system last fall, featuring orientation courses, vocational guidance, part-time work, and changes in curricula for slow learners.

In recognition of the high dropout rate between the end of junior high school and entrance into senior high school, one part of the program will focus on 150 junior high school students with learning problems or other problems of school adjustment, providing them with special services and training.

In addition to courses in the regular school curriculum and in remedial reading and arithmetic, the demonstration group's 80 seventh-graders receive vocational guidance, and training in good citizenship; the 40 eighth-graders, job conditioning; and the 30 ninth-graders, job training—in valet services, food handling and preparation, nursery school assistance, and laundry work—as well as job counseling and tours of job sites. Food training includes making breakfasts for children who arrive at school hungry. Parents of the group receive counseling, attend lectures, and visit job sites.

Other features of the program include:

• Expanding to a second school—and to 20 more boys—a project begun last year in which 20 boys attended their high school class 4 hours a day—learning, among other things, custodial skills—and worked 4 hours a day at nearby schools at $1.32 an hour.

• Training 20 girls as cafeteria workers and short-order cooks, while they continue their academic studies, by placing them in part-time jobs in school cafeterias with pay of $1.10 an hour.

• Evaluating and revising English, mathematics, social studies, and science curriculum guides for slow learners and writing new guides in home economics, industrial arts, and personal and family living programs.

Financial help for the program has been extended by the Urban Service Corps, an organization set up within the District school system with private funds to help combat juvenile delinquency.

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The San Francisco Unified School District and the city's housing authority have designed an antidropout program of work and study during school hours for high school juniors and seniors living in developments of the housing authority. The plan has the dual aim of helping potential dropouts recognize the need for further schooling in preparing for permanent employment and to help the student who wants to continue in school but is unable to for economic reasons.

Each of the trainees—30 in all initially but 100 a year eventually—will spend 4 hours of the schoolday in one of a variety of jobs in the housing authority, for which he will receive five credit hours per semester as well as $1.25 an hour.

The school system is also developing an orientation program for trainees that focuses attention to job skill development, including the need for such qualities as dependability on the job and work habits important to success. Employment and vocational counselors are expected to help trainees who complete the program to find full-time employment.

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By January 25, more than 550 projects for training unemployed and underemployed persons in schools and colleges had been approved under the new Manpower Development and Training Act of 1962. (See CHILDREN, July–August 1962, p. 163.) The programs were designed to train a total of 20,596 persons. All together they will involve training costs of more than $10 million and almost $14 million in training allowances, subsistence, and transportation costs. The courses cover about 135 occupational categories and range in duration from 2 weeks to a year.

By last year's close, 291 courses had begun, with an enrollment of 6,315 persons of whom almost 1,500 had completed their training by December 31.

One-fourth of those who began training in 1962 were under 22 years of age. This is about the same proportion of youth as found among all unemployed workers in the Nation. The young trainees fell mainly in the 19–21 age category, which is the group eligible for youth training allowances of the act.

Young male trainees were enrolled in a variety of courses covering all major occupation groups and skills. Young women were being prepared for occupations in the clerical and sales fields.

Child Welfare

Among children served by child welfare agencies in 1961, children for whom neglect, abuse, or exploitation had been a major problem far outnumbered the others in all but six States, according to a nationwide study by the Children's Bureau in cooperation with the Child Welfare League of America. The study focused on the kinds of problems children served by such agencies had and the services these agencies were giving them. One purpose of the study was to test conclusions from a study carried out in 45 States during 1959, covering physical characteristics, location, public assistance status, and marital status of parents of children receiving child welfare services.

From samples representing more than 426,000—possibly over half a million—children under care of public agencies or voluntary member agencies in the league, the present study produced findings indicating that:

• Neglect, abuse, or exploitation ranked first as the major problem in public child welfare agencies, affecting 36 percent of the children; and ranked third in voluntary agencies, affecting 13 percent of the children.

• The most important single problem occasioning service to children by voluntary agencies was that their parents were not married to each other.

• Emotional or behavior difficulties ranked second for children of both voluntary and public agencies. Other problems encountered included conflicts in parent-child relations, illness of a parent, and unmarried parenthood on the part of the child.

• Financial need ranked first as a problem for 5 percent of the children in public agencies. More than half the children served for this reason were in Alabama, Mississippi, and Pennsylvania. In Mississippi, which has no statewide general assistance program, financial need was the primary problem in 40 percent of all cases served by child welfare agencies.

• Casework to children in foster care was the specific service given to the largest proportion of children as a principal service in both kinds of agencies. It was given to 30 percent of the children of public agencies and 28 percent of those of voluntary agencies.

• Children who had been placed in foster care four or more times comprised 16 percent of the children served by public child welfare agencies and 15 percent of the voluntary agency group; 2 percent of the former and 1 percent of the latter were placed more than eight times.

A complete report of the study will be available in the near future.

. . .

A project to test whether, by screening children with the severest behavior problems in the school population, a community can identify families with problems likely to lead to unacceptable behavior or dependency, or both, is planned to start in the late spring of 1963 under the sponsorship of the Child Study Association of America and the direction of Paul T. Beisser, formerly of Community Research Associates.

This approach to identification of disorganized families is being developed as an epidemiological technique contributing to preventive efforts in the field of social work. It is based on the findings of a pilot study made a year ago in San Mateo County, Calif., under the sponsorship of the County Board of Education. There, 2,872 children were scored by their teachers according to behavior rating scales. Results showed that, in a sample of 67 families identified by San Mateo's Coordination Bu-

reau for Family Services as "recidivist, multiproblem families," 80 percent had children among those with the most severe school behavior problems. A report of the study, "Early Identification of Behavior Problem Children and Multi-Problem Families," is available from the office of the San Mateo County Superintendent of Schools.

The plans for the expanded project call for selecting a sample of about 100 of the most severe behavior cases in grades one through four in 10 communities and financing the services of a caseworker for diagnostic and followup work.

Miscellaneous

From the time the Freedom From Hunger Campaign was launched by the Food and Agriculture Organization in the summer of 1960 until November 1962, projects involving $20 million were adopted by various sponsors throughout the world. This worldwide educational program for agricultural development is designed to spread understanding of the problems and inadequacies of food supply, to improve production, and to combat malnutrition in the less developed countries, with emphasis on "self-help." About 100 projects were submitted to the organization during the 2-year period.

. . .

How the recommendations of the President's Panel on Mental Retardation (see CHILDREN, January–February 1963, page 29) can best be carried out, will be the subject of intensive consideration at a small conference to be held in Washington on April 9 under the auspices of the Citizens Committee for the 50th Anniversary of the Children's Bureau, thus rounding out a year of anniversary activities begun by the committee with an all day stock-taking celebration in Washington on the same date in 1962. (See CHILDREN, May–June 1962, page 120.) Besides the members of the committee, the coming conference will be attended by a group of experts in mental retardation and selected members of the Children's Bureau staff.

The proceedings of the conference will be reported in the May–June issue of CHILDREN.

. . .

"A Shirt a Size Too Small," a new play about a child in court pointing up the need for better court and community services, has recently been made available for production from the Plays for Living Committee of the Family Service Association of America.

For additional information write to Plays for Living, Family Service Association of America, 44 East 23d Street, New York 10.

READERS' EXCHANGE

OPPENHEIMER: ***Group leader needed***

The article by Hannah Oppenheimer in the November–December 1962 issue of CHILDREN, "Case Conferences in a Family Center," highlights the role of the case conference for agencies dealing with the problems of children and families. However, I would like to raise some points which do not seem to have received enough emphasis.

The case conference atmosphere is portrayed in the article as "informal" with "all staff members participating." While this democratic approach is valuable in order to use the varied talents and skills of a trained staff, I find lacking mention of the role of leader or coordinator in the group. It has been my experience that case conferences bringing together persons with various levels of professional training and skill can precipitate sharp differences of opinion. In order to prevent such a group from becoming chaotic, a respected group leader is necessary.

At the Hennepin County Mental Health Center, the frequent interagency conferences concerning children are coordinated by the child psychiatrist, Dr. James Lawton. The participants—teachers, school social workers, physicians, psychologists, probation officers, welfare agency personnel—are encouraged to express their views freely. Surprisingly, the group leader frequently has to point out that the differences among conference members concern the *method* of dealing with a particular case while the goal is identical for all participants—helping the child and family.

The case conference when viewed as a social group with flexible but structured roles and democratic leadership often has the positive effect of reducing the anxiety level of those directly working with the clients or patients. While Miss Oppenheimer indicates the usefulness for staff members in learning how their colleagues view the child or family, she stresses the cognitive aspects, ". . . the total staff knowledge is enlarged. . . ." It has been my experience at case conferences when various professional fields are represented that both cognitive understanding and emotional feelings about particular problems need to be expressed. This has been particularly true of harried schoolteachers who find themselves spending less time teaching and more time in handling "problem children."

Effective interpersonal relationships among professional persons help them to be more successful when dealing with their work. If the case conference focuses *entirely* on the needs of the client or patient, an ingredient for the best possible program for the child or family involved may be lost.

Seymour Gross
Clinical Psychologist, Hennepin County Mental Health Center, Inc., Minneapolis, Minn.

RASHBAUM, et al.: ***More on unmarried mothers***

Dr. Rashbaum, Miss Rehr, Miss Paneth, and Mr. Greenberg suggest in their article some ways of tackling the problems of the unmarried mother which have indeed "been of concern to social and health agencies for a long time." ["Use of Social Services by Unmarried Mothers," by William Rash-

baum, Helen Rehr, Janice Paneth, and Martin Greenberg, CHILDREN, January–February 1963.]

The study itself suggests the first step—that is, that each hospital and community must analyze its own problems. Each community has its own ethnic groups with their separate and collective cultural mores and social values. Communities, like people, "wear different size shoes."

The authors' statement about the expectations of social agencies overwhelms me: ". . . they are expected to protect the well-being of the mother and her child and thus minimize the chances of further social breakdown to which unmarried mothers and their offspring are particularly vulnerable . . . to help the unmarried mother and putative father act in a more responsible way and to help curtail, if not eliminate entirely, the repetition of out-of-wedlock pregnancies."

The statement implies the public's expectations of the agencies as well as the agencies' expectations of themselves. Could it be that herein lies one of the deterrents for society's assuming more responsibility for assisting with these problems? The ways and means of meeting these expectations touch almost every aspect, both preventive and rehabilitative, of community life. To mention a few preventive aspects: better wage earning opportunities for all ethnic groups, better housing facilities for all ethnic groups, more stable family life, and better family life education, including sex education for both boys and girls, beginning in the home and continuing through school years as needed.

Through coauthorship, the study also suggests the collaborative effort of many health and social professions, both in the prevention and rehabilitation. In view of the recognized need for more adequate services for the unmarried parents and child, various professional persons, including the family physician, the obstetrician, the pediatrician, the hospital and public health nurse, and social worker, might examine how effectively they work together to provide these services. What has each professional group done to assist with the problem? Do they share a mutual concern and similar goals? Is there mutual trust in each other's contribution? Unmarried parenthood in our society is found at all economic levels. If the whole is to be examined, all economic levels must be included. Are the needs of the "private and semiprivate" patients different from the needs of the patients in the study?

The article pointed out many unmet needs that are common to most hospital communities. Indeed, many do not have some services available in the Mount Sinai Hospital area. There is across the country a paucity of adequate social service departments in hospitals. Adoption agencies, foster home facilities, and counseling services are frequently not available to regional minority ethnic groups. How can these mothers use what is not there? The study should serve as both a stimulus to do something *now* and as a guide to where and how to begin.

Euzelia C. Smart
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BECK: ***Comment on a comment***

Bertram Beck's reply to David Kaplan in the November–December 1962 issue of CHILDREN ["Readers' Exchange," pp. 247–248] might be modified by recognizing what is being called "primary prevention," a concept which is not oriented to specific diseases nor to the early detection and treatment for such specific diseases. Rather, it seeks to alter the context in which people grow up and live—the family, the school, the neighborhood, the place of employment—and in which they develop their disorders.

A statement of this approach is given in "The Prevention of Mental Disorders in Children," (Basic Books, 1961), edited by Gerald Caplan of the Harvard School of Public Health. I reviewed this in the *American Journal of Orthopsychiatry*, April 1962, emphasizing the neglected task of primary prevention as Caplan has defined that term, and as it is being used in various organizations today. In this connection, the review of the report of the Joint Commission on Mental Illness and Health in that same issue of the journal is also relevant. Some of us are hoping that through the American Orthopsychiatric Association we may present a proposal for primary prevention to supplement the joint report that so largely neglects that task.

Beck's reply to Kaplan is relevant insofar as it indicates that approaching a social problem as an entity and seeking the supposed "cause" of that problem are not applicable to human affairs or social orders, and that the concept of prevention has been often limited to that approach. But the concept is now being reformulated in more dynamic and comprehensive terms.

Frequently social workers, like many physicians, are so engrossed by diagnosis and treatment of individuals that they fail to see that their clients or patients are the products of many different but concurrent processes which can be altered, and will be altered, when we decide that we should not waste human lives as we now do. Thus, instead of thinking in terms of large-scale superhuman trends against which man is impotent, they might think of these so-called trends as the aggregate of choices and decisions made by industrialists, educators, technologists, politicians, and others with little or no awareness of their human social consequences.

I am *not* suggesting that social workers turn aside from or neglect their present responsibilities for individuals and families, but I do believe they could and should recognize the importance of primary prevention, the tasks of which they can help to define in terms of their own cumulative experience of how human lives and personalities are being unnecessarily wasted by irresponsibility on the part of our socially sanctioned institutions.

Perhaps one of the major obstacles to the development of this approach is the single-minded devotion of each of the helping professions to its own specific and limited operations, and its disregard of and, sometimes, hostility to the work of other helping professions. All of these professions are necessary to a comprehensive program of what we call primary prevention but what might be more appropriately called the task of human conservation.

Lawrence K. Frank
Belmont, Mass.

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SOME U.S. GOVERNMENT PUBLICATIONS FOR PROFESSIONAL WORKERS

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PLANNING NURSERIES FOR NEWBORN IN THE GENERAL HOSPITAL. O. Bernard Ives. Department of Health, Education, and Welfare, Public Health Service, Division of Hospital and Medical Facilities; and Social Security Administration, Children's Bureau. PHS Publication No. 930–D–5. 1962. 26 pp. 25 cents.

Offering plans developed for hospitals of 50 to 200 beds and basic principles that apply to all hospitals, this publication includes designs for nurseries for newborn infants, both full term and premature.

TRAINING FOR JUVENILE PROBATION OFFICERS; a workshop report. Merritt Gilman and Alice M. Low. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. CB Publication No. 398. 1962. 78 pp. 30 cents.

A report of a 5-day workshop sponsored by the Children's Bureau in cooperation with the National Council on Crime and Delinquency and Wayne State University School of Social Work. With stress on the definition of the problems of inservice and professional training and their possible solutions, the contents analyze the role of the probation officer, what he needs for effective performance, and the implications of this for training.

THE FEDERAL DELINQUENCY PROGRAM OBJECTIVES AND OPERATION UNDER THE PRESIDENT'S COMMITTEE ON JUVENILE DELINQUENCY AND YOUTH CRIME, AND THE JUVENILE DELINQUENCY AND YOUTH OFFENSES CONTROL ACT OF 1961 (PUBLIC LAW 87–274); and CONDITIONS GOVERNING JUVENILE DELINQUENCY AND YOUTH OFFENSES DEMONSTRATION PROJECT AND TRAINING PROGRAM GRANTS. Departments of Justice; Health, Education, and Welfare; and Labor; 1962. 9 pp. Free on request from the Office of Juvenile Delinquency and Youth Development. Welfare Administration, Department of Health, Education, and Welfare.

Included are reports on: objectives of the Federal program; administrative organization; delinquency and related youth problems; planning and demonstration projects; personnel training projects; technical services; requirements for eligibility for grants.

A SOCIAL WORKER TAKES A CASE INTO COURT. William H. Sheridan and Pat O. Mancini. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau. CB Series "Work With Children Coming Before Courts," No. 2, 1962. 16 pp. 15 cents.

Second in a series of nontechnical guidelines for orienting new staff, this pamphlet describes the role of social workers participating in court action on behalf of children, stressing the factors which should be considered prior to court action and the responsibilities of the social worker before, during, and after the hearing.

IMPROVING HOME AND FAMILY LIVING AMONG LOW-INCOME FAMILIES. Gladys O. White, Alberta D. Hill, and Edna P. Amidon. Department of Health, Education, and Welfare, Social Security Administration, Bureau of Family Services; and Office of Education. May 1962. 24 pp. Copies available from the Bureau of Family Services without charge.

Directed to State education and welfare agencies, this publication stresses the need for joint effort to strengthen and expand programs for providing more adequate instruction in homemaking skills to low-income families.

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